2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602971

FILED Mar 24, 2010 Secretary of State

Entity Name: SURGICAL ASSOCIATES OF VENICE AND ENGLEWOOD, P.A.

Current Principal Place of Business: New Principal Place of Business:

436 NOKOMIS AVENUE SOUTH VENICE, FL 34285

Current Mailing Address: New Mailing Address:

436 NOKOMIS AVENUE SOUTH VENICE, FL 34285

FEI Number: 59-1362995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALDRICH, DAVID K
436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285 US

SMITH, BRYAN L MD
436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285 US

VENICE, FL 34285 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRYAN L. SMITH, MD 03/24/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD

Name: HOLEC, SIDNEY W
Address: 1708 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: TD

Name: ALDRICH, DAVID K Address: 609 FOUR BAYS DR. City-St-Zip: NOKOMIS, FL 34275

Title: PD

Name: SMITH, BRYAN L Address: 2517 BAYSHORE RD City-St-Zip: NOKOMIS, FL 34275

Title: VPD

| Name: HALABY, ISSAM A | Address: 277 PESARD DRIVE | City-St-Zip: NORTH VENICE, FL 34275

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN L. SMITH, MD PD 03/24/2010