

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602971

FILED
Feb 23, 2011
Secretary of State

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

Current Principal Place of Business:

436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

436 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1362995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: HOLEC, SIDNEY W
Address: 1708 CASEY KEY ROAD
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

Title: TD
Name: HOLEC, SIDNEY W
Address: 436 NOKOMIS AVE SOUTH
City-St-Zip: VENICE, FL 34285

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: ISSAM A. HALABY

VPD

02/23/2011

Electronic Signature of Signing Officer or Director

Date