

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604059

FILED
Jan 03, 2005
Secretary of State

Entity Name: SURGICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1181 ORANGE AVENUE
WINTER PARK,, FL 32789

New Principal Place of Business:

Current Mailing Address:

1181 ORANGE AVENUE
WINTER PARK,, FL 32789

New Mailing Address:

FEI Number: 59-1447035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, LOUIS H
1181 ORANGE AVENUE
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARR, LOUIS H M.D.
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: CHILDERS, TIMOTHY C MD
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: PORTOGHESE, JOSEPH D M.D.
Address: 1181 ORANGE AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: WIER, DARYL D M.D.
Address: 1181 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MAHAN, THOMAS K MD
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: POSADA, ROBERTO G MD
Address: 1181 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS H. BARR, M.D.

PD

01/03/2005

Electronic Signature of Signing Officer or Director

Date