

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # 604059

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



Principal Place of Business
**1181 ORANGE AVENUE
WINTER PARK, FL 32789**

Mailing Address
**1181 ORANGE AVENUE
WINTER PARK, FL 32789**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1447035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARR, LOUIS H M.D.
STREET ADDRESS 1181 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME CHILDERS, TIMOTHY C MD
STREET ADDRESS 1181 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPD
NAME PORTOGHESE, JOSEPH D M.D.
STREET ADDRESS 1181 ORANGE AVE.
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE TD
NAME WIER, DARYL D M.D.
STREET ADDRESS 1181 ORANGE AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME MAHAN, THOMAS K MD
STREET ADDRESS 1181 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE SD
NAME POSADA, ROBERTO G MD
STREET ADDRESS 1181 ORANGE AVE
CITY-ST-ZIP WINTER PARK, FL 32789

1100000453844
03/14/06-80037-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #