2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638157

FILED Apr 17, 2007 Secretary of State

Entity Name: SOUTHEASTERN SURGICAL GROUP, P.A.

incipal Place o	f Business:	New Principal Place	New Principal Place of Business:	
ERVILLE ROAD)			
SEE, FL 32308	US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
ERVILLE ROAD)			
SEE, FL 32308	US			
59-1937118	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name an			d Address of New Registered Agent:	
SEE, FL 32308 named entity sul of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
Electronic	Signature of Registered Age	ent	Date	
paign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
SNYDER, DR. RO 5004 BRILL PT	BERT D, .	Title: Name: Address: City-St-Zip:	() Change () Addition	
ZORN, RICHARD	L.	Title: Name: Address:	() Change () Addition	
	ERVILLE ROAD SSEE, FL 32308 ailing Address: FERVILLE ROAD SSEE, FL 32308 59-1937118 Address of Cu ROBERT D MD FERVILLE RD. SSEE, FL 32308 named entity su of Florida. RE: Electronic npaign Financing T SAND DIRECTO SNYDER, DR. RO 5004 BRILL PT TALLAHASSEE, F TD () D ZORN, RICHARD	ailing Address: FERVILLE ROAD SSEE, FL 32308 US 59-1937118 FEI Number Applied For () Address of Current Registered Agent: ROBERT D MD FERVILLE RD. SSEE, FL 32308 US named entity submits this statement for the pof Florida. RE: Electronic Signature of Registered Agent Agen	SEE, FL 32308 US ailling Address: New Mailing Address FERVILLE ROAD SEE, FL 32308 US 59-1937118 FEI Number Applied For () FEI Number Not Applicable () Address of Current Registered Agent: ROBERT D MD FERVILLE RD. SEE, FL 32308 US named entity submits this statement for the purpose of changing its registere of Florida. RE: Electronic Signature of Registered Agent paign Financing Trust Fund Contribution (). ADDITIONS/CHANG PD () Delete SNYDER, DR. ROBERT D, 5004 BRILL PT TALLAHASSEE, FL 32311 TD () Delete ZORN, RICHARD L. New Mailing Address New Mailing Address Address Name and Address City-St-Zip: Title: Name:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT D. SNYDER, M.D. PD 04/17/2007