


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 638157</b> 1. Entity Name <b>SOUTHEASTERN SURGICAL GROUP, P.A.</b>	
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Principal Place of Business <b>1401 CENTERVILLE ROAD 100 TALLAHASSEE, FL 32308 US</b>	Mailing Address <b>1401 CENTERVILLE ROAD 100 TALLAHASSEE, FL 32308 US</b>
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04042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1937118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SNYDER, ROBERT D MD 1401 CENTERVILLE RD. STE 100 TALLAHASSEE, FL 32308</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, DR. ROBERT D. 5004 BRILL PT TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZORN, RICHARD L. 1401 CENTERVILLE ROAD, SUITE 100 TALLAHASSEE, FL 32308
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04/18/08-80065-004 150.00

**DO NOT WRITE  
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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:  4/7/08 (850) 877-5183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert D. Snyder, M.D.