

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000512

FILED
Apr 23, 2007
Secretary of State

Entity Name: NORTH FLORIDA SURGICAL PAS, INC.

Current Principal Place of Business:

P O BOX 11341
COLUMBIA, S 29211

New Principal Place of Business:

3030 4TH STREET
SUITE B
MARIANNA, FL 32446

Current Mailing Address:

P O BOX 11341
COLUMBIA, S 29211

New Mailing Address:

3030 4TH STREET
SUITE B
MARIANNA, FL 32446

FEI Number: 20-4025154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, LAURA
3051 6TH ST
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

GILMORE, LAURA
3030 4TH STREET
SUITE B
MARIANNA, FL 32446 US

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: LAURA GILMORE

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GILMORE, LAURA
Address: 3051 6TH ST
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: GILMORE, LAURA
Address: 3030 4TH STREET, SUITE B
City-St-Zip: MARIANNA, FL 32446

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: LAURA GILMORE, PRESIDENT

PC

04/23/2007

Electronic Signature of Signing Officer or Director

Date