

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000512

FILED
Apr 08, 2009
Secretary of State

Entity Name: NORTH FLORIDA SURGICAL PAS, INC.

Current Principal Place of Business:

3030 4TH STREET
SUITE B
MARIANNA, FL 32446

New Principal Place of Business:

710 HOSPITAL DRIVE
SUITE B
CRESTVIEW, FL 32539

Current Mailing Address:

3030 4TH STREET
SUITE B
MARIANNA, FL 32446

New Mailing Address:

710 HOSPITAL DRIVE
SUITE B
CRESTVIEW, FL 32539

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
3030 4TH STREET
SUITE B
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

GILMORE, LAURA
710 HOSPITAL DRIVE
SUITE B
CRESTVIEW, FL 32539 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

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: GILMORE, LAURA
Address: 710 HOSPITAL DRIVE, SUITE B
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify 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

PC

04/08/2009

Electronic Signature of Signing Officer or Director

Date