## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G00196

FILED Apr 28, 2009 Secretary of State

Entity Name: SURGICAL SERVICES OF SARASOTA, INC.

	incipal Place of	Business:	New Princi	pal Place of Business:	
	RCHASE GALLER	RIA			
SUITE 500 BIRMINGH	AM, AL 35244	US			
Current Mailing Address:			New Mailin	New Mailing Address:  3000 RIVERCHASE GALLERIA SUITE 500 BIRMINGHAM, AL 35244 US	
PO BOX 382497 BIRMINGHAM, AL 35238		SUITE 500			
FEI Number:	59-2278473 F	FEI Number Applied For()	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and	Address of Curi	rent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOUT PLANTATIO	ORATION SYSTE TH PINE ISLAND ON, FL 33324	ROAD US			
The above in the State		mits this statement for the p	urpose of changing its	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic S	Signature of Registered Age	nt	Date	
Election Cam	npaign Financing Tr	ust Fund Contribution ( ).			
<b>O</b> EEIOEDO	AND DIRECTO	RS.	ADDITION	NOUANGEO TO OFFICERS AND DIRECTOR	
OFFICERS	AND DIRECTO	ito.	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR	
OFFICERS Title: Name: Address: City-St-Zip:	CPD () Del HAYEK, ANDREW I	lete P E GALLERIA SUITE 500	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition HAYEK, ANDREW P 3000 RIVERCHASE GALLERIA SUITE 500 BIRMINGHAM, AL 35244 US	
Title: Name: Address:	CPD () Del HAYEK, ANDREW I 3000 RIVERCHASE BIRMINGHAM, AL : VD () Del CLARK, JOSEPH T	lete P E GALLERIA SUITE 500 35244 US lete E GALLERIA SUITE 500	Title: Name: Address:	PD (X) Change ( ) Addition HAYEK, ANDREW P 3000 RIVERCHASE GALLERIA SUITE 500	
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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: STEVEN J HUTKAI 04/28/2009 ٧