

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01410

FILED
Apr 27, 2009
Secretary of State

Entity Name: MANATEE SURGICAL SPECIALISTS, PA

Current Principal Place of Business:

201 4TH AVE EAST
SUITE 2
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

201 4TH AVE EAST
SUITE 2
BRADENTON, FL 34208 US

New Mailing Address:

FEI Number: 59-2220041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSAN A. SAMIR
201 4TH AVE E STE 2
SUITE 2
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HASSAN, A. SAMIR
Address: 201 4TH AVE EAST SUITE 2
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: HASSAN, A. SAMIR
Address: 201 4TH AVE EAST SUITE 2
City-St-Zip: BRADENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: A. SAMIR HASSAN

PRES

04/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date