

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G01410

FILED  
Feb 11, 2010  
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  
Name: HASSAN, A. SAMIR  
Address: 201 4TH AVE EAST SUITE 2  
City-St-Zip: BRADENTON, FL 34208

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

I hereby 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 all other like empowered.

SIGNATURE: HASSAN A. SAMIR

PST

02/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date