


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # G57895 1. Entity Name PENSACOLA SURGICAL GROUP, P.A. |  |
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| Principal Place of Business 1717 N. "E" STREET SUITE 300 PENSACOLA, FL 32501 | Mailing Address 1717 N. "E" STREET SUITE 300 PENSACOLA, FL 32501 |
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 59-2316711 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NYE, JOHN D M.D.
1717 NORTH "E" ST.
SUITE 300
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John D M.D. Nye DATE: 1/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NYE, JOHN D M.D. 1717 NORTH "E" ST #300 PENSACOLA, FL 32501 |
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02/02/04-B0068-001 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D M.D. Nye DATE: 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR