

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # G57895

1. Entity Name
PENSACOLA SURGICAL GROUP, P.A.



Principal Place of Business

**1717 N. "E" STREET
SUITE 300
PENSACOLA, FL 32501**

Mailing Address

**1717 N. "E" STREET
SUITE 300
PENSACOLA, FL 32501**

DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2316711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **NYE, JOHN D M.D.**
STREET ADDRESS **1717 NORTH "E" ST #300**
CITY- ST- ZIP **PENSACOLA, FL 32501**

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U00000649954
03/07/07-80073-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #