

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80632

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** WOMEN'S SURGICAL SPECIALISTS, P.A.

**Current Principal Place of Business:**

6405 N. FEDERAL HWY  
SUITE 402  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

6405 N. FEDERAL HWY  
SUITE 402  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 59-2587570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLOWAY, AMY G ESQ  
110 SE 6TH ST  
15TH FLOOR  
FORT LAUDERDALE, FL 33301 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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: GATES, E JASON  
Address: 6405 N. FEDERAL HWY SUITE 402  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P  
Name: GATES, E JASON  
Address: 6405 N. FEDERAL HWY SUITE 402  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: E JASON GATES

DVP

04/25/2012

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

\_\_\_\_\_  
Date