## 2006 FOR PROFIT CORPORATION

## FILED Mar 10, 2006 8:00 am Secretary of State

2000 FQ	'N FROFII	CONFORMIN	,,,
	<b>ANNUAL</b>	REPORT	
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DOCUMENT # J24435  1. Entity Name INDIAN RIVER SURGICAL ASSOCIATES - JAMES W. LARGE, M.D. & ROBERT B. WARD, M.D., P.A.				<b>ecreta</b> 03-10-2006 9	-					
Principal Plac	ce of Business	M	lailing Address	······································	•	1				
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C/O JAMES V			C/O JAMES W. LARGE							
	STREET, SUITE C-105		177 - 37TH STREET, SU		05	1				
VERO BEACH	1, FL 32960	1	/ero Beach, Fl  3296	0						
2. Principal F	Place of Business	3,	Mailing Address							
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Suite, Apt.	#. etc.		Suite, Apt. #, etc.							
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City 9 Ct-	<b>1-</b>		City & State		# CELNI				plied For	
City & Stat	le				4. FEI Number	044			<del></del>	
						59-2713	344		INC	ot Applicable
Ζiρ	Country		Zip	Count	ry	5. Certificate o	Statue Decired		8.75 Add	ditional
			-			J. Certificate o	Olatos Desireo	ء ت	ee Require	d
	6. Name and Addres	s of Current Regis	stered Agent			7. Name and A	ddress of New R	ealstered A	gent	
					Name			•		
LARGE, JA	AMES W			[	114/10					
	H STREET			1	Street Address (	P.O. Box Number	is Not Acceptable	2)		
SUITE C-1					,			,		
							· ·			
VERU BEA	ACH, FL 32960									
					City			FL	Zip Code	е
					•					
8. The above	named entity submits this	s statement for the p	ourpose of changing its r	egistere	d office or register	ed agent, or both	in the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.									
SIGNATURE.										
	Signature, typed or printed name of	f registered agent and title	if applicable. (NOTE:	Registered	Agent signature required	when reinstating)		DATE		ŀ
FII	E NOW!!! FFF IS \$	150.00	9. Election Campaig	ın Financ		00 May Be				
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	ay 1, 2006 Fee will		Trust Fund Contri	-	· – · · · ·	ed to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After M	ay 1, 2006 Fee will	be \$550.00	Trust Fund Contri	bution.	Add	ed to Fees	HANGES TO OFF		DIRECTORS	S IN 11
After Ma	ay 1, 2006 Fee will OF	be \$550.00	Trust Fund Contri	11.	Add	ed to Fees	HANGES TO OFF			
After Ma	opi OFI DV LARGE, JAMES W.	be \$550.00	Trust Fund Contri	11. TITLE	Add	ed to Fees	HANGES TO OFF			
10. TITLE NAME STREET ADDRESS	OFI  DV  LARGE, JAMES W. 777-37TH STREET	be \$550.00	Trust Fund Contri	11. TITLE NAME STREE	Addi	ed to Fees	HANGES TO OFF			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:		FU Section	0000
	SIGNATURE AND	TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR