2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# J70722

Entity Name: SURGICAL ASSOCIATES OF THE PALM BEACHES, INC. .

Current Principal Place of Business:

1201 NORTH OLIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1201 NORTH OLIVE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2803045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, EVERETT
4360 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 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: PSD
Name: SHASHA, ITZHAK I
Address: 1201 NORTH OLIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD
Name: HIGGINS, DANIEL
Address: 1201 NORTH OLIVE
City-St-Zip: WEST PALM BEACH, FL 33401

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: ITZHAK SHASHA PRES 03/21/2011

Electronic Signature of Signing Officer or Director Date