

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92365

FILED
Jan 07, 2005
Secretary of State

Entity Name: TAMPA OUTPATIENT SURGICAL FACILITY, INC.

Current Principal Place of Business:

5013 N ARMONIA AVE
TAMPA, FL 33603

New Principal Place of Business:

5013 N ARMENIA AVE
TAMPA, FL 33603

Current Mailing Address:

C/O INEL LEVIN CPA, PA
3816 W LINEBAUGH AVENUE, SUITE 300
TAMPA, FL 33624

New Mailing Address:

C/O INEL LEVIN CPA, PA
3816 W LINEBAUGH AVENUE, SUITE 300
TAMPA, FL 33618

FEI Number: 59-2844884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPHIER, ALBERT L
4922 BAY WAY PLACE
TAMPA, FL 33629 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAPHIER, ALBERT
Address: 2708 AZEELE ST.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MEZRAH, JACK
Address: 2708 AZEELE ST.
City-St-Zip: TAMPA, FL

Title: D (X) Delete
Name: COHEN, ALBERT
Address: 2708 AZEELE ST.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SAPHIER, ALBERT
Address: 4922 W. BAY WAY PLACE
City-St-Zip: TAMPA, FL 33629

Title: DR (X) Change () Addition
Name: MEZRAH, JACK
Address: 2708 AZEELE ST.
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT L. SAPHIER

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date