


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90045 047 ***150.00

DOCUMENT # K96469 1. Entity Name CENTRAL FLORIDA SURGICAL CENTERS, INC.					
Principal Place of Business 11140 W. COLONIAL DR. STE 3 OCOE, FL 34761			Mailing Address 3885 OAKWATER CIR ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2961899	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVANISH, AGGARWAL 3885 OAKWATER CIR SUITE 2 ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Aggarwal, Avanish-M. Street Address (P.O. Box Number is Not Acceptable) 3885 Oakwater Circle, Suite 2 City Orlando FL 32806		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENENDEZ, ALEX 3885 OAKWATER CIR ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP FEUER, KENNETH R 3895 OAKWATER CIRCLE ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINT, STEVEN 3885 OAK WATER CIR. ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ROBERT 3885 OAK WATER CIR. ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMOIS, RICHARD 3885 OAKWATER CIRCLE ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aggarwal, Avanish 3885 Oakwater Circle Orlando, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMOIS, RICHARD 3885 OAKWATER CIRCLE ORLANDO, FL 32806	<input type="checkbox"/> Delete			
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 # _____					