2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L79963

1. Entity Name
TAMPA BAY SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
11811 N. DALE MABRY TAMPA, FL 33618	11811 N. DALE MABRY TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3020007

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, JAY L M.D.
11811 N. DALE MABRY
TAMPA, FL, FL 33618

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000012500
02/12/08-80055-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERICH, LARRY, D.O.
STREET ADDRESS	17906 CRAWLEY RD
CITY-ST-ZIP	ODESSA, FL
TITLE	D
NAME	MCCLIMANS, FRED, D.O.
STREET ADDRESS	11809 N DALE MABAY HWY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	BUSCEMI, MICHAEL, D.O.
STREET ADDRESS	13410 GOLF CREST WAY
CITY-ST-ZIP	TAMPA, FL
TITLE	CEO
NAME	ROSEN, JAY L MD
STREET ADDRESS	11811 N DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jay L. Rosen JAY L. ROSEN 2-1-08 813-961-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #