

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006808

FILED
Mar 11, 2009
Secretary of State

Entity Name: NORTH FLORIDA SURGERY CENTER FOUNDATION, INC.

Current Principal Place of Business:

4600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 51-0647863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COULAHAN, CHRIS
4600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 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: PD () Delete
Name: MCKNIGHT, G. TIPTON MD
Address: 20 HIGHPOINTE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: VPD () Delete
Name: ORTEGA, MARCOS MD
Address: 2631 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: COULAHAN, CHRIS
Address: 4600 NORTH DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: TAPPAN, DOUGLAS MD
Address: 3925 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER COULAHAN

MR.

03/11/2009

Electronic Signature of Signing Officer or Director

Date