


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N21904	
1. Entity Name PENSACOLA SURGICAL SOCIETY, INC.	
	
Principal Place of Business	Mailing Address
%F BROOKS HODNETTE JR 1717 N E ST, 434 PENSACOLA, FL 32501 US	1717 N E ST 434 PENSACOLA, FL 32501 US



DO NOT WRITE IN THIS SPACE

03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2870615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HODNETTE, F BROOKS JR MD
1717 N E STREET
SUITE 434
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARANBIR, GILL S M.D. 5149 NORTH 9TH AVENUE, SUITE #307 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODNETTE, F BROOKS JR MD 1717 N E STREET 434 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELLE, LEWIS 8688 SCENIC HWY. #6 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/05-80018-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FB Hodnette Jr, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

Date

850-444-4777

Daytime Phone #

FB Hodnette Jr, MD