
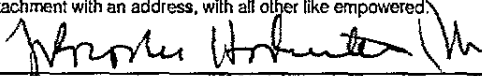


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # N21904 1. Entity Name PENSACOLA SURGICAL SOCIETY, INC.		
Principal Place of Business %F BROOKS HODNETTE JR 1717 N E ST, 434 PENSACOLA, FL 32501 US		Mailing Address 1717 N E ST 434 PENSACOLA, FL 32501 US
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000425065 02/18/06-80080-001 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARANBIR, GILL S M.D. 5149 NORTH 9TH AVENUE, SUITE #307 PENSACOLA, FL	DO NOT WRITE IN THIS SPACE
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		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 2/6/06 850.444-4777 <small>Date Daytime Phone #</small>		