


2007 NOT-FOR-PROFIT CORPORATIC^{ANNUAL REPORT}

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N21904 1. Entity Name PENSACOLA SURGICAL SOCIETY, INC.	
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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
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03232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2870616	Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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. #8 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000673202
 04/03/07-80027-021 61.25

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 or without other like empowered.

SIGNATURE: *F. B. Hodnette Jr MD* **3/23/2007** **850-444-4777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #