

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21904

FILED
Mar 29, 2009
Secretary of State

Entity Name: PENSACOLA SURGICAL SOCIETY, INC.

Current Principal Place of Business:

%F BROOKS HODNETTE JR
1717 N E ST, 434
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

1717 N E ST
434
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-2870616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODNETTE, F BROOKS JR MD
1717 N E STREET
SUITE 434
PENSACOLA, FL 32501 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: KARANBIR, GILL S M.D.
Address: 5149 NORTH 9TH AVENUE, SUITE #307
City-St-Zip: PENSACOLA, FL

Title: TD () Delete
Name: HODNETTE, F BROOKS JR MD
Address: 1717 N E STREET 434
City-St-Zip: PENSACOLA, FL

Title: D (X) Delete
Name: TELLE, LEWIS
Address: 8688 SCENIC HWY. #6
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KARANBIR, GILL S M.D.
Address: 5149 NORTH 9TH AVENUE, SUITE #307
City-St-Zip: PENSACOLA, FL 32503 US

Title: TD (X) Change () Addition
Name: HODNETTE, F BROOKS JR MD
Address: 1717 N E STREET 434
City-St-Zip: PENSACOLA, FL 32501 US

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: F BROOKS HODNETTE, JR, MD

DIR

03/29/2009

Electronic Signature of Signing Officer or Director

Date