

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21904

FILED
Mar 10, 2012
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

Current Mailing Address:

1717 N E ST
434
PENSACOLA, FL 32501 US

New Principal Place of Business:

%F BROOKS HODNETTE JR
4012 NORTH 9TH AVENUE
PENSACOLA, FL 32503 US

New Mailing Address:

%F BROOKS HODNETTE JR
4012 NORTH 9TH AVENUE
PENSACOLA, FL 32503 US

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:

HODNETTE, F BROOKS JR MD
4012 NORTH 9TH AVENUE
PENSACOLA, FL 32503 US

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: F BROOKS HODNETTE, JR, MD

03/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TD
Name: HODNETTE, F BROOKS JR MD
Address: 4012 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32503 US

I hereby 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 all other like empowered.

SIGNATURE: F BROOKS HODNETTE, JR, MD

RA

03/10/2012

Electronic Signature of Signing Officer or Director

Date