2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# N42054

Entity Name: FLORIDA SURGICAL SOCIETY, INC.

Current Principal Place of Business:

8832 PERIMETER PARK BLVD
301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8832 PERIMETER PARK BLVD
301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3046386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER R
8833 PERIMETER PARK BLVD
301
JACKSONVILLE, FL 32216 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: MD ( ) Delete
Name: SEYMOUR, CHRISTOPHER R
Address: 8833 PERIMETER PARK BLVD # 301
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST ( ) Delete
Name: TERSHAKOVEC, GEORGE
Address: 7000 SW 62ND AVE
City-St-Zip: MIAMI, FL 331434719

Title: D ( ) Delete
Name: LERNER, ELI
Address: 4020 STATE RD. 674
City-St-Zip: SUN CITY CENTER, FL

Title: P ( ) Delete
Name: WIER, DARYL
Address: 1181 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: SEYMOUR, CHRISTOPHER R NBA
Address: 8833 PERIMETER PARK BLVD # 301
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST (X) Change ( ) Addition
Name: TERSHAKOVEC, GEORGE MD
Address: 7000 SW 62ND AVE
City-St-Zip: MIAMI, FL 331434719

Title: B (X) Change ( ) Addition
Name: LERNER, ELI MD
Address: 4020 STATE RD. 674
City-St-Zip: SUN CITY CENTER, FL

Title: P (X) Change ( ) Addition
Name: WIER, DARYL MD
Address: 1181 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS SEYMOUR ED 01/28/2004

Electronic Signature of Signing Officer or Director — Date