

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42054

FILED
Apr 11, 2007
Secretary of State

Entity Name: FLORIDA SURGICAL SOCIETY, INC.

Current Principal Place of Business:

8833 PERIMETER PARK BLVD
301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

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

Title: ST () Delete
Name: BLUMENCRAZ, PETER W MD
Address: 303 PINELLAS ST., STE. 310
City-St-Zip: CLEARWATER, FL 33756

Title: PE (X) Delete
Name: LEVINE, STEPHEN H MD
Address: 873 STERTHAUS AVE., STE. 206-A
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: TERSHAKOVEC, GEORGE R MD
Address: 151 NW 11TH ST., STE. 301
City-St-Zip: HOMESTEAD, FL 33030

Title: PP (X) Delete
Name: WIER, DARYL D MD
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALPER, BRUCE E MD
Address: 566 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER SEYMOUR

ED

04/11/2007

Electronic Signature of Signing Officer or Director

Date