

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42054

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** FLORIDA SOCIETY OF GENERAL SURGEONS, INC.

**Current Principal Place of Business:**

5911 HICKS RD  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 441745  
JACKSONVILLE, FL 32222

**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:**

CALLAHAN, WANDA L  
5911 HICKS RD  
JACKSONVILLE, FL 32244 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  
Name: CALLAHAN, WANDA L  
Address: 5911 HICKS RD  
City-St-Zip: JACKSONVILLE, FL 32244

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

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

Title: MD  
Name: HODGES, JEAN A  
Address: 5911 HICKS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD  
Name: HERMANS, HOWARD F MD  
Address: 4020 STATE RD 674, STE. 19  
City-St-Zip: SUN CITY CENTER, FL 33573

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: JEAN A. HODGES

MD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date