2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# N42054

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: WIER, DARYL D MD
Address: 77 W. UNDERWOOD ST., 4TH FLR, STE A
City-St-Zip: ORLANDO, FL 32806

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

Title: VD
Name: LERNER, ELI N MD
Address: 1596 LANCASTER TERRACE, UNIT 2-B
City-St-Zip: JACKSONVILLE, FL 32204

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: WANDA L CALLAHAN MD 03/21/2012
Electronic Signature of Signing Officer or Director Date