


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001925	
1. Entity Name PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY GROUP, INC.	

Principal Place of Business 801 WEST M L KING JR BLVD TAMPA, FL 33615 US	Mailing Address 801 WEST M L KING JR BLVD PALM HARBOR, FL 33603 US
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02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3178616	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HABAL, MUTAZ B 801 WEST M.L. KING BLVD TAMPA BAY CRANIO-FACIAL CENTER TAMPA, FL 33603

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000665384 03/23/07-80027-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUGGINO, GIACOMO 3115 SWANN AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HABAL, MUTAZ 801 W M. L. KING BLVD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERANDADA, JOSE 5106 N. ARMENIA AVE #5 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AGLIANO, DENNIS S 4600 N. HABANA AVE #23 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Mutaz B Habal March 8, 2007 (813) 238-0449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #