

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 038 ****61.25

DOCUMENT # N93000005005					
1. Entity Name TAMPA BAY SURGICAL SOCIETY, INC.					
Principal Place of Business 4 COLUMBIA DR., SUITE 650 TAMPA, FL 33606			Mailing Address 4 COLUMBIA DR., SUITE 650 TAMPA, FL 33606		
2. Principal Place of Business 2 Columbia Drive Suite, Apt. #, etc. TGH Suite F-145 City & State Tampa, FL Zip 33601 Country USA			3. Mailing Address P.O. Box 1289 Suite, Apt. #, etc. TGH Suite F-145 City & State Tampa, FL Zip 33601 Country USA		
4. FEI Number 59-3208887			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAREY, LARRY C 4 COLUMBIA DR. SUITE 430 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Alexander S. Rosemurgy MD Street Address (P.O. Box Number is Not Acceptable) 2 Columbia Drive TGH Suite F-145 City Tampa, FL Zip Code 33601		
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: <u>Alexander S. Rosemurgy</u> 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE MD NAME CAREY, LARRY MD STREET ADDRESS 4 COLUMBIA DRIVE, SUITE 430 CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete				
TITLE P NAME MENDOCA, HUGO MD STREET ADDRESS 14100 FIVAY RD STE 320 CITY-ST-ZIP HUDSON, FL 346677105	<input checked="" type="checkbox"/> Delete				
TITLE D NAME ALBRINK, MICHAEL H STREET ADDRESS PO BOX 1289 TGH ROOM F-145 CITY-ST-ZIP TAMPA, FL 33601	<input type="checkbox"/> Delete				
TITLE V NAME KARL, RICHARD C MD STREET ADDRESS 12901 BRUCE B DOWNS MDC 16 CITY-ST-ZIP TAMPA, FL 33613	<input type="checkbox"/> Delete				
TITLE D NAME WELLS, KAREN E MD STREET ADDRESS 508 S HABANA STE 180 CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> Delete				
TITLE T NAME SWANK, RALPH MD STREET ADDRESS 2117 MAGDALENE MANOR DR CITY-ST-ZIP TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE M-D NAME Alexander S. Rosemurgy, MD STREET ADDRESS 2 Columbia Drive, Suite F-145 CITY-ST-ZIP Tampa, FL 33601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE V NAME Earl McAllister, MD STREET ADDRESS 13801 Bruce B Downs Blvd, Suite 506 CITY-ST-ZIP Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE S NAME Michael H Albrink	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE P NAME Richard C. Karl, MD STREET ADDRESS 12901 Bruce B Downs Blvd, MDC 16 CITY-ST-ZIP Tampa, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE P NAME Richard C. Karl, MD STREET ADDRESS 12901 Bruce B Downs Blvd, MDC 16 CITY-ST-ZIP Tampa, FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME Timothy C Yeatman, MD STREET ADDRESS 12902 Magnolia Drive, MDC 44 CITY-ST-ZIP Tampa, FL 33612	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Alexander S. Rosemurgy</u> 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					