

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005005**

1. Entity Name  
**TAMPA BAY SURGICAL SOCIETY, INC.**



Principal Place of Business  
**2 COLUMBIA DR, TGH SUITE F-145  
TAMPA, FL 33601**

Mailing Address  
**P.O. BOX 1289  
TGH SUITE F-145  
TAMPA, FL 33601**



02062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3208887**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSEMURGY, ALEXANDER S  
2 COLUMBIA DR, TGH SUITE F-145  
TAMPA, FL 33601**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000531221**  
**05/05/06-80034-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	ROSEMURGY, ALEXANDER S MD
STREET ADDRESS	2 COLUMBIA DR, TGH SUITE F-145
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	V
NAME	MCALLISTER, EARL MD
STREET ADDRESS	13801 BRUCE B DOWNS BLVD, SUITE 508
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	S
NAME	ALBRINK, MICHAEL H
STREET ADDRESS	PO BOX 1289 TGH ROOM F-145
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	P
NAME	KARL, RICHARD C MD
STREET ADDRESS	12901 BRUCE B DOWNS MDC 18
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	WELLS, KAREN E MD
STREET ADDRESS	508 S HABANA STE 180
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	T
NAME	YEATMAN, TIMOTHY C MD
STREET ADDRESS	12902 MAGNOLIA DR, MDC 44
CITY-ST-ZIP	TAMPA, FL 33612

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-06**

Date

**813.844.7393**

Daytime Phone if