2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2008
Secretary of State

DOCUMENT# N93000005005

Entity Name: TAMPA BAY SURGICAL SOCIETY, INC.

Current Principal Place of Business:

2 COLUMBIA DR, TGH SUITE F-145
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3208887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSEMURGY, ALEXANDER S
2 COLUMBIA DR, TGH SUITE F-145
TAMPA, FL 33601 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	( ) Delete
Name:	ROSEMURGY, ALEXANDER S MD	
Address:	2 COLUMBIA DR, TGH SUITE F-145	
City-St-Zip:	TAMPA, FL 33601	
Title:	V	( ) Delete
Name:	MCALLISTER, EARL MD	
Address:	13801 BRUCE B DOWNS BLVD, SUITE 506	
City-St-Zip:	TAMPA, FL 33613	
Title:	S	( ) Delete
Name:	ALBRINK, MICHAEL H	
Address:	PO BOX 1289 TGH ROOM F-145	
City-St-Zip:	TAMPA, FL 33601	
Title:	P	( ) Delete
Name:	KARL, RICHARD C MD	
Address:	12901 BRUCE B DOWNS MDC 16	
City-St-Zip:	TAMPA, FL 33613	
Title:	D	( ) Delete
Name:	WELLS, KAREN E MD	
Address:	508 S HABANA STE 180	
City-St-Zip:	TAMPA, FL 33609	
Title:	T	( ) Delete
Name:	YEATMAN, TIMOTHY C MD	
Address:	12902 MAGNOLIA DR, MDC 44	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	GALLAGHER, SCOTT F MD	
Address:	PO BOX 1289 TGH ROOM F-145	
City-St-Zip:	TAMPA, FL 33601	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	ROSS, SHARONA MD	
Address:	PO BOX 1289 TGH ROOM F-145	
City-St-Zip:	TAMPA, FL 33601	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEXANDER S. ROSEMURGY MD 09/15/2008

Electronic Signature of Signing Officer or Director — Date