

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005005

FILED  
May 01, 2009  
Secretary of State

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:

1 TAMPA GENERAL CIRCLE, TGH SUITE F-145  
TAMPA, FL 33601

## 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:

ROSEMURGY, ALEXANDER S  
1 TAMPA GENERAL CIRCLE, TGH SUITE F-145  
TAMPA, FL 33601      US

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: \_\_\_\_\_

05/01/2009

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: GALLAGHER, SCOTT F MD  
Address: PO BOX 1289 TGH ROOM F-145  
City-St-Zip: TAMPA, FL 33601

Title: D      ( ) Delete  
Name: WELLS, KAREN E MD  
Address: 508 S HABANA STE 180  
City-St-Zip: TAMPA, FL 33609

Title: T      ( ) Delete  
Name: ROSS, SHARONA MD  
Address: PO BOX 1289 TGH ROOM F-145  
City-St-Zip: TAMPA, FL 33601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD      (X) Change ( ) Addition  
Name: ROSEMURGY, ALEXANDER S MD  
Address: 1 TAMPA GENERAL CIRCLE, TGH SUITE F-145  
City-St-Zip: TAMPA, FL 33601

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
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City-St-Zip:      ( ) Change ( ) Addition

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

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

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date