## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005005

FILED Apr 30, 2010 Secretary of State

Entity Name: TAMPA BAY SURGICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3208887 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSEMURGY, ALEXANDER S 1 TAMPA GENREAL 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MD

Name: ROSEMURGY, ALEXANDER S MD

Address: 1 TAMPA GENERAL CIRCLE, TGH SUITE F-145

City-St-Zip: TAMPA, FL 33601

Title: V

Name: MCALLISTER, EARL MD

Address: 13801 BRUCE B DOWNS BLVD, SUITE 506

City-St-Zip: TAMPA, FL 33613

Title: S

Name: ALBRINK, MICHAEL H

Address: PO BOX 1289 TGH ROOM F-145

City-St-Zip: TAMPA, FL 33601

Title: F

Name: GALLAGHER, SCOTT F MD Address: PO BOX 1289 TGH ROOM F-145

City-St-Zip: TAMPA, FL 33601

Title:

 Name:
 WELLS, KAREN E MD

 Address:
 508 S HABANA STE 180

 City-St-Zip:
 TAMPA, FL 33609

Title:

Name: ROSS, SHARONA MD

Address: PO BOX 1289 TGH ROOM F-145

City-St-Zip: TAMPA, FL 33601

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER S. ROSEMURGY MD 04/30/2010

Electronic Signature of Signing Officer or Director

Date