2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

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Entity Name: TAMPA BAY SURGICAL SOCIETY, INC.

Current Principal Place of Business:

1 TAMPA GENERAL CIRCLE, 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 ( )**

Name and Address of Current Registered Agent:

ROSEMURGY, ALEXANDER S
1 TAMPA GENREAL CIRCLE, 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: D
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: P
Name: GALLAGHER, SCOTT F MD
Address: PO BOX 1289 TGH ROOM F-145
City-St-Zip: TAMPA, FL 33601

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

Title: T
Name: MARCET, JORGE 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: MICHAEL H. ALBRINK O/D 05/01/2012

Electronic Signature of Signing Officer or Director — Date