


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003005 1. Entity Name SOUTHERN SURGICAL GROUP, INC.	
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Principal Place of Business 1318 OAK ST MELBOURNE, FL 32901	Mailing Address 1318 OAK ST MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE

(N99000003005N)

02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3580939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent WARREN, DAVID D 1318 OAK ST MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when rehashing) DATE: _____

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, DAVID D 1318 OAK ST MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, SHIELA D 1318 OAK ST MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, BONNIE J 1318 OAK ST MELBOURNE, FL 32901
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03/04/04-80023-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DAVID D. WARREN 3/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #