

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000003005

1. Entity Name  
SOUTHERN SURGICAL GROUP, INC.



Principal Place of Business

1318 OAK ST  
MELBOURNE, FL 32901

Mailing Address

1318 OAK ST  
MELBOURNE, FL 32901



03082005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3580939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARREN, DAVID D  
1318 OAK ST  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000260899  
03/12/05-80043-013 61.25

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WARREN, DAVID D  
STREET ADDRESS 1318 OAK ST  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D  
NAME NEWTON, SHIELA D  
STREET ADDRESS 1318 OAK ST  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D  
NAME WARREN, BONNIE J  
STREET ADDRESS 1318 OAK ST  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Shelia D. Newton*

03.12.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #