

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003245

FILED
Mar 15, 2005
Secretary of State

Entity Name: FLORIDA SURGEONS FORUM, INC.

Current Principal Place of Business:

8833 PERIMETER PARK BLVD
#301
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8833 PERIMETER PARK BLVD
#301
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3580115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, CHRISTOPHER R
8833 PERIMETER PARK BOULEVARD #301
JACKSONVILLE, FL 32216 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: MD () Delete
Name: WEIR, DARYL D MD
Address: 2589 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MD () Delete
Name: ACCOLA, KEVIN MD
Address: 217 HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

Title: MD () Delete
Name: JOHNSTON, DEAN MD
Address: 4106 WEST LAKE MARY BLVD #212
City-St-Zip: LAKE MARY, FL 327463344

Title: ED () Delete
Name: SEYMORE, CHRISTOPHER R ED
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEIR, DARYL D MD
Address: 2589 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP (X) Change () Addition
Name: ACCOLA, KEVIN MD
Address: 217 HILLCREST ST
City-St-Zip: ORLANDO, FL 32801

Title: ST (X) Change () Addition
Name: JOHNSTON, DEAN MD
Address: 4106 WEST LAKE MARY BLVD #212
City-St-Zip: LAKE MARY, FL 327463344

Title: ED (X) Change () Addition
Name: SEYMOUR, CHRISTOPHER R ED
Address: 8833 PERIMETER PARK BLVD #301
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER SEYMOUR

ED

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date