

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013166

FILED
Jan 23, 2006
Secretary of State

Entity Name: DESTIN SURGICAL MANAGEMENT, INC.

Current Principal Place of Business:

4485 FURLING LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4485 FURLING LANE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3720578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTISTE, WESLEY E
4485 FURLING LANE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH

01/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGRM () Delete
Name: BATTISTE, WESLEY
Address: 1185 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATTISTE, WESLEY E
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: VPSD () Change (X) Addition
Name: BURDEN, WILLIAM R
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: TD () Change (X) Addition
Name: JOHNS, DALE K
Address: 920 BAMBI DRIVE
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY E. BATTISTE

PD

01/23/2006

Electronic Signature of Signing Officer or Director

Date