

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034130

FILED
Jan 07, 2010
Secretary of State

Entity Name: WEST FLORIDA SURGERY CENTER, INC.

Current Principal Place of Business:

5817 21ST AVE W
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

5807 21ST AVE. W
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-1092124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIKENSOHN, JOHN R
5807 21ST AVE. W
BRADENTON, FL 34209 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: LEIKENSOHN, JOHN R
Address: 5807 21ST AVE. W
City-St-Zip: BRADENTON, FL 34209

Title: DST
Name: SCOTT, JEFFREY K
Address: 5807 21ST AVE. W
City-St-Zip: BRADENTON, FL 34209

Title: DV
Name: TROTMAN, BRUCE W
Address: 300 RIVERSIDE DRIVE EAST, STE 2400
City-St-Zip: BRADENTON, FL 34208

Title: DV
Name: ZALEPUGA, RIMANTUS
Address: 300 RIVERSIDE DRIVE EAST, STE 2400
City-St-Zip: BRADENTON, FL 34208

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R LEIKENSOHN

DP

01/07/2010

Electronic Signature of Signing Officer or Director

Date