

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034130

Entity Name: WEST FLORIDA SURGERY CENTER, INC.

FILED
Jan 15, 2011
Secretary of State

Current Principal Place of Business:

5817 21ST AVE W
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

5817 21ST AVE W
BRADENTON, FL 34209

New Mailing Address:

5715 21ST AVE W
BRADENTON, FL 34209

FEI Number: 65-1092124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTMAN, BRUCE W
5715 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

OFFICERS AND DIRECTORS:

Title: DP
Name: TROTMAN, BRUCE W
Address: 5817 21ST AVE W
City-St-Zip: BRADENTON, FL 34209

Title: DST
Name: ZALEPUGA, RIMANTAS
Address: 5817 21ST AVE W
City-St-Zip: BRADENTON, FL 34209

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: BRUCE W TROTMAN

DP

01/15/2011

Electronic Signature of Signing Officer or Director

Date