

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000068792

1. Entity Name

PHYSICIAN'S CHOICE SURGERY CENTER
CONSULTANTS, INC.



Principal Place of Business

1435 DIVISION AVE.
OCOE, FL 34761

Mailing Address

100 W GORE STREET STE 405
ORLANDO, FL 32806



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3732055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, PATRICK T II
100 W. GORE ST, STE. 405
ORLANDO, FL 32806

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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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUNTER, PATRICK T II
STREET ADDRESS	100 W. GORE ST., STE. 405
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	ANDERSON, AXEL W IV
STREET ADDRESS	100 W. GORE ST., STE. 405
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	COX, WILLIAM K
STREET ADDRESS	596 OCEE COMMERCE PKWY
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	FLORIN, JORGE L
STREET ADDRESS	10000 W. COLONIAL DR., STE. 288
CITY-ST-ZIP	OCOE, FL 34761
TITLE	D
NAME	NOWICKI, KEVIN
STREET ADDRESS	731 E. HWY. 50
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	SMITH, RICHARD C
STREET ADDRESS	10000 W. COLONIAL DR., STE. 496
CITY-ST-ZIP	OCOE, FL 34761

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05/09/06-80103-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #