

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068792

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** PHYSICIAN'S CHOICE SURGERY CENTER CONSULTANTS, INC.

**Current Principal Place of Business:**

1435 DIVISION AVE.  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1547  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 59-3732055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNTER, PATRICK T II  
21 COLUMBIA STREET  
STE 101  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

HUNTER, PATRICK T II  
226 WEST MICHIGAN ST  
ORLANDO, FL 32806 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: PATRICK HUNTER

01/27/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUNTER, PATRICK T II  
Address: 100 W. GORE ST., STE. 405  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: ANDERSON, AXEL W IV  
Address: 100 W. GORE ST., STE. 405  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: COX, WILLIAM K  
Address: 596 OCEE COMMERCE PKWY  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: FLORIN, JORGE L  
Address: 10000 W. COLONIAL DR., STE. 288  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: NOWICKI, KEVIN  
Address: 731 E. HWY. 50  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: SMITH, RICHARD C  
Address: 10000 W. COLONIAL DR., STE. 496  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HUNTER, PATRICK T II  
Address: 226 WEST MICHIGAN ST.  
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change ( ) Addition  
Name: ANDERSON, AXEL W IV  
Address: 226 WEST MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK HUNTER

DR.

01/27/2009

Electronic Signature of Signing Officer or Director

Date