

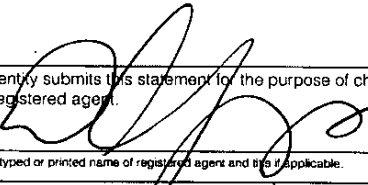
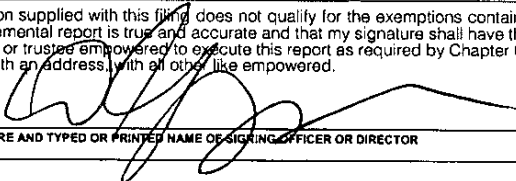


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90221 023 ***150.00

DOCUMENT # P02000103316					
1. Entity Name WESTERN SURGICAL SPECIALISTS, P.A.					
Principal Place of Business 10131 W FOREST HILL BLVD 140 WELLINGTON, FL 33414			Mailing Address 10131 W FOREST HILL BLVD 140 WELLINGTON, FL 33414		
2. Principal Place of Business 10115 W. Forest Hill Blvd Suite, Apt. #, etc. Suite 302 City & State Wellington, FL Zip 33414 Country		3. Mailing Address 10115 W Forest Hill Blvd Suite, Apt. #, etc. Suite 302 City & State Wellington, FL Zip 33414 Country		 04072006 Chg-P CR2E034 (11/05) 4. FEI Number 56-2293571 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOY, DAMIEN M.D. 10131 W FOREST HILL BLVD STE 140 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10115 W. Forest Hill Blvd Suite 302 City Wellington FL Zip Code 33414			
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-25-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOY, DAMIEN 10131 W. FOREST HILL BLVD. ST. 140 WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10115 W. Forest Hill Blvd, #302 Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE: 			4-25-06 Date 561-204-4400 Daytime Phone #		