2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2008 8:00 am Secretary of State DOCUMENT # P03000005401 03-27-2008 90034 032 ***150.00 NAPLES SURGICAL ASSOCIATES, P.A. 40052100 Principal Place of Business Mailing Address 311 9TH ST. NORTH 311 9TH ST. NORTH 308 NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 CR2E034 (12/06) . Chg-P City & State City & State 4. FEI Number Applied For 32-0057272 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George P. Langford WESTMAN, CARL Street Address (P.O. Box Number is Not Acceptable) 3003 TAMIAMI TRL. NORTH NAPLES, FL 34103 Tamiani Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change ☐ Addition LAMON, DAVID J LAMON , DAVID J NAME NAME 1878 MISSION DR. STREET ADDRESS 808 BENTWOOD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP NAPLES FL 34108 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ACORESS STREET ADDRESS

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 live empowered.

CITY-ST-ZIP

SIGNATURE:

DAVID LAMON, MD.

3/13/08 (239)417-0085

FILED

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S./cz. Apl. F. elc.	Ass. Apt. F., etc. Butto, Apt. F., stc.			02152008	Chg-P	-CR2E034 (12/06)		
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12. I namely cardly that the information supplied with indicated the this report or appliermental report to the companion of the report or trained employed to the report of the report or trained employed. If or an attachment with amoddiness, we SIGNATURE:	11011			in Chapter 119, autre legal effect 7, Por de Stalues	Plentia Statutes, as II made under and that my ner	1 futher certify that the ingest; great I am an officer the exposites in Block 10 of Cappaign in Block	Apmetion or director Block 11 d	