2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# P03000010221

Entity Name: EDELMAN SURGICAL ASSISTANT SERVICES, P.A.

Current Principal Place of Business:

177 MARAVILLA DR
DESTIN, FL 32550 US

New Principal Place of Business:

4029 LAUREN CT
DESTIN, FL 32541 US

Current Mailing Address:

177 MARAVILLA DR
DESTIN, FL 32550 US

New Mailing Address:

4029 LAUREN CT.
DESTIN, FL 32541 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL & RUNNELS, P.A.
36468 EMERALD COAST PARKWAY
BUILDING 2, SUITE 2101
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EDELMAN, WILLIAM P
Address: 177 MARAVILLA DR
City-St-Zip: DESTIN, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EDELMAN, WILLIAM P
Address: 4029 LAUREN CT.
City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM EDELMAN P 01/17/2005

Electronic Signature of Signing Officer or Director — Date