

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024137

FILED
Jan 31, 2005
Secretary of State

Entity Name: DESAI SURGICAL CARE P.A.

Current Principal Place of Business:

11181 HEALTH PARK BLVD
STE 2277
NAPLES, FL 34110

New Principal Place of Business:

13801 BRUCE B DOWNS BLVD.
STE 106
TAMPA, FL 33613

Current Mailing Address:

PO BOX 111327
NAPLES, FL 34108

New Mailing Address:

PO BOX 2667
LUTZ, FL 33548

FEI Number: 76-0727310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, MIT MD
11181 HEALTH PARK BLVD., STE 2277
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

DESAI, MIT MD
27210 FORDHAM DR
WESLEY CHAPEL, FL 33543 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: MIT DESAI

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESAI, MIT MD
Address: 11181 HEALTHPARK BLVD, SUITE 2277
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DESAI, MIT MD
Address: 13801 BRUCE B DOWNS BLVD., SUITE 106
City-St-Zip: TAMPA, FL 33613

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: MIT DESAI

D

01/31/2005

Electronic Signature of Signing Officer or Director

Date