


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000101577 1. Entity Name CENTRAL HERNANDO SURGICAL ASSOCIATES, P.A.	
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Principal Place of Business 15439 CORTEZ BLVD BROOKSVILLE, FL 34613	Mailing Address 15439 CORTEZ BLVD BROOKSVILLE, FL 34613
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03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1604573	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CLAYTON, KIMBERLY L MD 15439 CORTEZ BLVD BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000481807
04/11/06-80049-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAYTON, KIMBERLY L MD 15439 CORTEZ BLVD BROOKSVILLE, FL 34613
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**DO NOT WRITE
IN THIS SPACE**

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:  373 de
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #