

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128721

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** PHYSICIANS SURGICAL NETWORK, INC.

**Current Principal Place of Business:**

814 N. JOHN YOUNG PKWY.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

1020 WEST OAK STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

814 N. JOHN YOUNG PKWY.  
KISSIMMEE, FL 34741

**New Mailing Address:**

1020 WEST OAK STREET  
KISSIMMEE, FL 34741

**FEI Number:** 59-3370576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANDEALY, KARAMALI  
814 N. JOHN YOUNG PKWY.  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

BANDEALY, KARAMALI  
1020 WEST OAK STREET  
KISSIMMEE, FL 34741 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: KARAMALI A. BANDEALY

02/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BANDEALY, KARAMALI  
Address: 1020 WEST OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: KARAMALI A BANDEALY

DIR

02/09/2010

Electronic Signature of Signing Officer or Director

Date