

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149194

FILED
Feb 21, 2005
Secretary of State

Entity Name: JACKSONVILLE SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

334 E. DUVAL STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

3236 BEACH BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 57606
JACKSONVILLE, FL 322417606

New Mailing Address:

FEI Number: 20-0446610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, EARL M JR.
SLOTT & BARKER
334 EAST DUVAL STREET
JACKSONVILLE, FL 322022718 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: D () Delete
Name: CYWES, ROBERT
Address: 2115 SOUND OVERLOOK DRIVE E.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CYWES, ROBERT
Address: 11636 CHARIOT LANE
City-St-Zip: JACKSONVILLE, FL 32223

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: ROBERT CYWES

D

02/21/2005

Electronic Signature of Signing Officer or Director

Date