

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90249 035 ***150.00

DOCUMENT # P03000149194

1. Entity Name
JACKSONVILLE SURGICAL ASSOCIATES, P.A.



Principal Place of Business
**3236 BEACH BLVD
JACKSONVILLE, FL 32207**

Mailing Address
**P.O. BOX 57606
JACKSONVILLE, FL 32241-7606**

40039190



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0446610

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, EARL M JR.
SLOTT & BARKER
334 EAST DUVAL STREET
JACKSONVILLE, FL 32202-2718**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CYWES, ROBERT
11636 CHARIOT LANE
JACKSONVILLE, FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Cywes

3/21/06 (123 994004)

Date

Daytime Phone #

ATTACHMENT

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

40039140
#P038222149194
March 23, 2006

ARNOLD H. SLOTT, P.A.*
E-mail: ahsloott@bellsouth.net

EARL M. BARKER, JR., P.A.
E-mail: embarker@bellsouth.net

WILLIAM NUSSBAUM, P.A.**
E-mail: nusslaw3@bellsouth.net

* CERTIFIED CIRCUIT CIVIL MEDIATOR
** BOARD CERTIFIED REAL ESTATE LAWYER

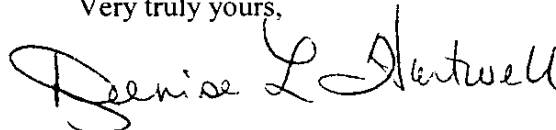
Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Jacksonville Surgical Associates, P.A.
Our File No.: 99-0325-EMB

Ladies and Gentlemen:

Please file the enclosed 2006 Annual Reports for the above referenced corporation. I enclose a check in the amount of \$150.00 in payment of the filing fee.

Very truly yours,



Denise L. Hartwell
Legal Assistant

/dlh
Enclosures