

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149194

FILED  
Feb 10, 2008  
Secretary of State

Entity Name: JACKSONVILLE SURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

3236 BEACH BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**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: 11636 CHARIOT LANE  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CYWES, ROBERT  
Address: 9070 BAY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

02/10/2008

Electronic Signature of Signing Officer or Director

Date