

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149194

FILED
Apr 13, 2009
Secretary of State

Entity Name: JACKSONVILLE SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

8825 PERIMETER PARK BLVD., STE. 101
JACKSONVILLE, FL 32216

New Principal Place of Business:

8825 PERIMETER PARK BLVD.,
STE 101
JACKSONVILLE, FL 32216

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: 9070 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: BAPTISTA, MICHAEL L
Address: 7818 MONTEREY BAY DR
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DR. (X) Change () Addition
Name: BAPTISTA, MICHAEL L
Address: 7818 MONTEREY BAY DR
City-St-Zip: JACKSONVILLE, FL 32256

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

Electronic Signature of Signing Officer or Director

DR.

04/13/2009

Date