

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057097

FILED
Jul 21, 2005
Secretary of State

Entity Name: SURGERY ASSISTANTS OF ORLANDO, INC.

Current Principal Place of Business:

PO BX 691418
ORLANDO, FL 32869 US

New Principal Place of Business:

Current Mailing Address:

PO BX 691418
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 56-2471245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, ROCHE K
14037 FAIRWAY ISLAND DR.
218
ORLANDO, FL 32837 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, ROCHE K
Address: PO BX 691418
City-St-Zip: ORLANDO, FL 32869 US

Title: VP (X) Delete
Name: GERARD, COLETTE S
Address: PO BX 691418
City-St-Zip: ORLANDO, FL 32869 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROCHE K. CAMPBELL

PRES

07/21/2005

Electronic Signature of Signing Officer or Director

Date