

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107916

FILED
Apr 28, 2005
Secretary of State

Entity Name: NORTH BAY SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

6636 FOREST AVENUE
SUITE B
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6636 FOREST AVENUE
SUITE B
NEW PORT RICHEY, FL 34653

Current Mailing Address:

6636 FOREST AVENUE
SUITE B
NEW PORT RICHEY, FL 34652

New Mailing Address:

6636 FOREST AVENUE
SUITE B
NEW PORT RICHEY, FL 34653

FEI Number: 20-1408827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, DAVID L ESQ.
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: PSTD () Delete
Name: TAFT, NANCY J MD
Address: 6636 FOREST AVENUE SUITE B
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TAFT, NANCY J MD
Address: 6636 FOREST AVENUE SUITE B
City-St-Zip: NEW PORT RICHEY, FL 34653

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: NANCY J. TAFT MD

OFFI

04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date