

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107916

**FILED**  
**Mar 28, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

8607 EASTHAVEN COURT  
SUITE 102  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

244. EAST PEARSON  
1511  
CHICAGO, IL 60611

**New Mailing Address:**

38W519 BURR ROAD LANE  
ST CHARLES, IL 60175

**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  
Name: TAFT, NANCY J MD  
Address: 38W519 BURR ROAD LANE  
City-St-Zip: ST CHARLES, IL 60175

I hereby 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 all other like empowered.

SIGNATURE: NANCY TAFT

PSTD

03/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date