# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 07, 2005**
**Secretary of State**

DOCUMENT# P04000155648

**Entity Name:** OCALA SURGICAL ASSISTANT, INC.

**Current Principal Place of Business:**

3001 SW 24TH AVE SUITE 915
OCALA, FL 34474

**New Principal Place of Business:**

10040 SE 42ND COURT
BELLEVIEW, FL 34420

**Current Mailing Address:**

3001 SW 24TH AVE SUITE 915
OCALA, FL 34474

**New Mailing Address:**

10040 SE 42ND COURT
BELLEVIEW, FL 34420

**FEI Number: 42-1649690** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

A1A CORPORATE SERVICES INC.
92 SADBERRY RD.
QUINCY, FL 32351 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: PTD ( ) Delete
Name: SANTOS, ADAMASTOR A
Address: 3240 SW 34TH ST. #416
City-St-Zip: OCALA, FL 34474

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

Title: PTD (X) Change ( ) Addition
Name: SANTOS, ADAMASTOR A
Address: 10040 SE 42ND COURT
City-St-Zip: BELLEVIEW, FL 34420

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: ADAMASTOR A. SANTOS PTD 08/07/2005

Electronic Signature of Signing Officer or Director Date