2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000032294

1. Entity Name

FILED
Jan 16, 2007 08:00 AM
Secretary of State

TAMPA BAY SURGICAL ASSOCIATES, P.A.						
Principal Place 6101 WEBB STE 307 TAMPA, FL 3	RD.	lalling Address PO BOX 260458 (AMPA, FL 33687 US				
					Chg-P CR2	2E034 (11/05)
D	O NOT WRITE II	N THIS SPA	CE	FEI Number 20-2371450 Certificate of State		Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Regis	stered Agent		<u>-</u>		Fee Required
GUTIERREZ, DAVID MD 6101 WEBB RD.			DO NOT WRITE			
STE 307 TAMPA, FL 33606			IN THIS SPACE			
the obligation	named entity submits this statement for the one of registered agent Signature, typed or printed name of registered agent and title		red office or registered office or registered office or registered of the red of the registered of the registered of the red of the registered of the red		e State of Florida. I	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		5.00 May Be ded to Fees		
10.	OFFICERS AND DIRE	CTORS ::: :	I			
TOTLE	P					
HAME	GUTIERREZ, DAVID				U000005863!	דב
STREET ADDRESS CITY-ST-ZIP	6101 WEBB RD, STE 307 TAMPA, FL 33615	-	1	01.4	00000003003 16707-8005	1-001 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that ruy 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 in Block 10 or Block 11 if changed, or on an attachment with an activess, with sillering like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1907

813-889-7800

Daysme Phone #