

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086094

FILED  
Aug 02, 2006  
Secretary of State

**Entity Name:** FORT LAUDERDALE SURGICAL SPECIALISTS, P.A.

**Current Principal Place of Business:**

4801 N. FEDERAL HIGHWAY  
102  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

4801 N. FEDERAL HIGHWAY  
101  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

4801 N. FEDERAL HIGHWAY  
102  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

4801 N. FEDERAL HIGHWAY  
101  
FORT LAUDERDALE, FL 33308

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

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

SHAPIRO, KENNETH ESQ.  
1776 N. PINE ISLAND ROAD  
308  
FORT LAUDERDALE, FL 33322 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,D ( ) Delete  
Name: LEVINE, JONATHAN S  
Address: 4801 N. FEDERAL HIGHWAY, SUITE 102  
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: P,D (X) Change ( ) Addition  
Name: LEVINE, JONATHAN S  
Address: 4801 N. FEDERAL HIGHWAY, SUITE 101  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JONATHAN S. LEVINE

P

08/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date