

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000100798

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIAN ASSISTANT SURGICAL SERVICES, INC.

**Current Principal Place of Business:**

3002 S.E. BUR STREET  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3002 S.E. BUR STREET  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 27-0127583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMERI, RICHARD J  
3002 S.E. BUR STREET  
PORT SAINT LUCIE, FL 34952 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PALMERI, RICHARD J  
Address: 3002 S.E. BUR STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: S  
Name: PALMERI, JACQUELINE M  
Address: 3002 SE BUR STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: RICHARD PALMERI

PRES

04/06/2011

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

\_\_\_\_\_  
Date