## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000081011

Entity Name: ST. LUCIE SURGICAL ASSOCIATES, PA

FILED Jul 22, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

PO BOX 7665 8483 S. US HIGHWAY 1

PORT ST. LUCIE, FL 34985 US SUITE 19
PORT ST. LUCIE, FL 34952 US

Current Mailing Address: New Mailing Address:

PO BOX 7665

PORT ST. LUCIE, FL 34985 US

FEI Number: 26-0637456 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CONCILIO, IAN A MD 9743 SAVANNAH ESTATES DR. LAKE WORTH, FL 33467 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: DR. (X) Change ( ) Addition

 Name:
 CONCILIO, IAN A MD
 Name:
 CONCILIO, IAN A MD

 Address:
 PO BOX 7665
 Address:
 PO BOX 7665

City-St-Zip: PORT SAINT LUCIE, FL 34952 US City-St-Zip: PORT SAINT LUCIE, FL 34985 US

I hereby certify that the information supplied with this filing does not qualify 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: IAN A. CONCILIO, MD DR. 07/22/2008