

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001452

FILED
Jan 26, 2009
Secretary of State

Entity Name: PEDIATRIC SURGERY CENTERS SUPPORT SERVICES, INC.

Current Principal Place of Business:

235 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

235 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 26-1587710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, GLENN E ESQ.
200 CENTRAL AVENUE
290
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DOBBS, ROBERT L
235-2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701 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: ROBERT L. DOBBS

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDREWS, THOMAS M.D.
Address: 239 2ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: CRESSMAN, WADE M.D.
Address: 239 2ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: OROBELLO, PETER M.D.
Address: 239 2ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: VAUGHAN, GLENN C
Address: 239 2ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VAUGHAN, GLENN C M.D.
Address: 239 2ND AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 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: THERESA E ULM

MRS.

01/26/2009

Electronic Signature of Signing Officer or Director

Date