2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# P08000001452

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:

10080 BALAYE RUN DR.
TAMPA, FL 33619 US

Current Mailing Address:

235 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

10080 BALAYE RUN DR.
TAMPA, FL 33619 US

FEI Number: 26-1587710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

Title: D
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 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: THOMAS ANDREWS DR. 01/08/2010

Electronic Signature of Signing Officer or Director Date