

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053910

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** SANDERS SURGICAL CONSULTANTS, P.A.

**Current Principal Place of Business:**

1957 SE INTERLACHEN DR  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7865  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

1957 SE INTERLACHEN DR  
PORT ST LUCIE, FL 34952

**FEI Number:** 26-2729242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, DOUGLAS  
1957 SE INTERLACHEN DR  
PORT ST 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: PVST  
Name: SANDERS, DOUGLAS  
Address: 1957 SE INTERLACHEN DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D  
Name: SANDERS, DOUGLAS  
Address: 1957 SE INTERLACHEN DR  
City-St-Zip: PORT ST LUCIE, FL 34952

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: DOUGLAS W SANDERS

CEO

05/01/2012

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

\_\_\_\_\_  
Date