

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000012186

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA SURGICAL PHYSICIANS, P.A.

**Current Principal Place of Business:**

7818 MONTEREY BAY DRIVE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9471 BAYMEADOWS ROAD  
SUITE 207  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9471 BAYMEADOWS ROAD  
SUITE 207  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 27-1866687      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE  
SUITE 1400  
JACKSONVILLE, FL 32207 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:** DR.  
**Name:** BAPTISTA, MICHAEL M.D.  
**Address:** 9471 BAYMEADOWS ROAD, SUITE 207  
**City-St-Zip:** JACKSONVILLE, FL 32256

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: DR. MICHAEL L. BAPTISTA

DR.

03/27/2012

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

\_\_\_\_\_ Date