

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000012186

**FILED
Aug 22, 2012
Secretary of State**

Entity Name: FLORIDA SURGICAL PHYSICIANS, P.A.

Current Principal Place of Business:

9471 BAYMEADOWS ROAD
SUITE 207
JACKSONVILLE, FL 32256

New Principal Place of Business:

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

Title: MRS
Name: MAJURI, MARIA CLAUDIA F
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: CLAUDIA MAJURI

MGR

08/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date