

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013270

FILED
Feb 25, 2005
Secretary of State

Entity Name: DOCTORS SURGERY CENTER, INC.

Current Principal Place of Business:

921 N MAIN ST
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

921 N MAIN ST
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3155447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSMIERZ, KEITH
921 NORTH MAIN STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

WILD, MARSHA
921 NORTH MAIN STREET
KISSIMMEE, FL 34744 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: MONT JAY CARTWRIGHT

02/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CARTWRIGHT, MONT J
Address: 921 NORTH MAIN STREET
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONT JAY CARTWRIGHT

PTSD

02/25/2005

Electronic Signature of Signing Officer or Director

Date