

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000060892

Entity Name: MED/SURG P.A.'S, INC.

FILED
Jan 21, 2003
Secretary of State

Current Principal Place of Business:

5129 ST. RD. 674
SUITE A
WIMAUMA, FL 33598 US

New Principal Place of Business:

Current Mailing Address:

5129 ST. RD. 674
SUITE A
WIMAUMA, FL 33598 US

New Mailing Address:

FEI Number: 59-3198963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, JAMES C F
RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVENUE SOUTH, SUITE 400 N
ST. 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: P () Delete
Name: HARDING, LONNIE R
Address: 1231 MUROK WAY S.
City-St-Zip: ST PETERSBURG, FL 33705

Title: VP () Delete
Name: FRENCH, SCOTT
Address: 709 APOLLO BEACH
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LONNIE R. HARDING

PRES

01/21/2003

Electronic Signature of Signing Officer or Director

_____ Date