

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000065450

FILED
Apr 22, 2011
Secretary of State

Entity Name: DESTIN SURGERY CLINIC, P.A.

Current Principal Place of Business:

415 MOUNTAIN DRIVE
STE. 6
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 368
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-3203584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTH, JAMES C
400 S. SHORE DRIVE
DESTIN, FL 32541 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: D
Name: MOODY, JAMES A
Address: 415 MOUNTAIN DR, STE 6
City-St-Zip: DESTIN, FL 43541

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: JAMES MOODY

PRES

04/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date