

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90090 020 \*\*\*150.00

DOCUMENT # P94000024450

1. Entity Name

SURGICAL ASSOCIATES OF MARION COUNTY, P.A.



Principal Place of Business

Mailing Address

~~2965 SE 3RD CT~~  
OCALA FL 34471  
US

~~2965 SE 3RD CT~~  
OCALA FL 34471  
US



2. Principal Place of Business - No P.O. Box #

150 SE 17th St.

3. Mailing Address

150 SE 17th St.

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

Suite 603

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34471

Country

USA

Zip

34471

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3231979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OVERCASH, WM. TODD  
~~2965 SE 3RD COURT~~  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

150 SE 17th St. Ste 603

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME OVERCASH, WM. TODD  
STREET ADDRESS ~~2965 SE 3RD CT~~  
CITY ST ZIP Ocala FL 34471

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition  
NAME  
STREET ADDRESS 150 SE 17th St. Suite 603  
CITY ST ZIP Ocala, FL 34471

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Todd Overcash

2/27/07

(352)

Daytime Phone #

368-2828