

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000024450

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SURGICAL ASSOCIATES OF MARION COUNTY, P.A.

**Current Principal Place of Business:**

219 S. MAIN ST.  
WILLISTON, FL 32696 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 830036  
OCALA, FL 34483 US

**New Mailing Address:**

PO BOX 433  
WILLISTON, FL 32696

**FEI Number:** 59-3231979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OVERCASH, WM. TODD  
150 SE 17TH ST STE 603  
OCALA, FL 34471 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: OVERCASH, WM. TODD  
Address: 150 SE 17TH ST STE 603  
City-St-Zip: OCALA, FL 34471

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:** WM. TODD OVERCASH

D

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date