

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90012 020 ***150.00

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1. Entity Name

THE SURGERY GROUP, P.A.



Principal Place of Business

1717 N.E. "E" STREET
SUITE 434
PENSACOLA, FL 32501 US

Mailing Address

1717 N. "E" STREET
SUITE 434
PENSACOLA, FL 32501 US

44016781



DO NOT WRITE IN THIS SPACE

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3256236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEON, JOSEPH
1717 N. "E" ST. #434
PENSACOLA, FL 32501

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IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUBEN, ROBERT M.D.
STREET ADDRESS 1717 N. "E" STREET, SUITE 434
CITY-ST-ZIP PENSACOLA, FL

TITLE ST
NAME HODNETTE, F. BROOKS JR.
STREET ADDRESS 1717 N. "E" STREET, SUITE 434
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME TUCKER, JOHN A MD
STREET ADDRESS 1717 N. "E" STREET, STE. 434
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME LEON, JOSEPH F M.D.
STREET ADDRESS 1717 N. "E" STREET, SUITE 434
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME CALUDA, MICHAEL J
STREET ADDRESS 1713. NORTH. E STREET SUITE 434
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D
NAME TYSON, JOHN
STREET ADDRESS 1717 N E ST STE 434
CITY-ST-ZIP PENSACOLA, FL 32501

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. Ruben **ROBERT RUBEN - PRES** 3/5/04 850 444 4777

Attachment

#P0400004969

44016781

Attachment to 2004 For Profit Corporation Annual Report

Supplemental Page

10. Officers and Directors

Director

Paul Henderson

1717 N E ST STE 434

PENSACOLA, FL 32501