

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041969

FILED
Mar 16, 2007
Secretary of State

Entity Name: THE SURGERY GROUP, P.A.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1717 NORTH E STREET
SUITE 434
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH E STREET
SUITE 434
PENSACOLA, FL 32501 US

FEI Number: 59-3256236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYSON, JOHN W
1717 N. "E" ST. #434
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

TYSON, JOHN W
1717 NORTH E STREET
STE 434
PENSACOLA, FL 32501 US

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:

03/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUBEY, ROBERT M.D.
Address: 1717 N.
City-St-Zip: PENSACOLA, FL

Title: ST () Delete
Name: HODNETTE, F. BROOKS JR.
Address: 1717 N.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: TUCKER, JOHN A MD
Address: 1717 N.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: CALUDA, MICHAEL J
Address: 1713 NORTH E STREET SUITE 434
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: TYSON, JOHN
Address: 1717 N E ST STE 434
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RUBEY, ROBERT M.D.
Address: 1717 NORTH E STREET, STE 434
City-St-Zip: PENSACOLA, FL 32501

Title: TRES (X) Change () Addition
Name: HODNETTE, F. BROOKS JR.
Address: 1717 NORTH E STREET, SUITE 434
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change () Addition
Name: TUCKER, JOHN A MD
Address: 1717 NORTH E STREET, SUITE 434
City-St-Zip: PENSACOLA, FL 32501

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

Title: D (X) Change () Addition
Name: HENDERSON, PAUL
Address: 1717 NORTH E ST STE 434
City-St-Zip: PENSACOLA, FL 32501

Title: D () Change (X) Addition
Name: DIAL, PATRICK F MD
Address: 1717 NORTH E STREET STE 434
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAUL D. HENDERSON

D

03/16/2007

Electronic Signature of Signing Officer or Director

Date