


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000034831 1. Entity Name SURGICARE CENTER OF VENICE, INC.	
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Principal Place of Business 4101 EVANS AVE FORT MYERS, FL 33901	Mailing Address 4101 EVANS AVE SUITE 301 FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD., #320 FT. MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

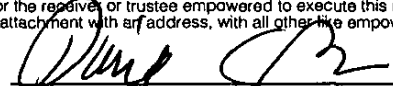
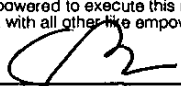
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, DAVID C 4101 EVANS AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

300054012539
05/06/05--01060--022 **550.00

**DO NOT WRITE
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:   3/10/05 239275-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/19/05

FILED
05 MAY -6 AM 11: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0576955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required