

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038864

FILED
Apr 01, 2009
Secretary of State

Entity Name: SURGICAL ASSOCIATES OF WEST FLORIDA, P.A.

Current Principal Place of Business:

1106 DRUID RD SO
301
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1106 DRUID RD SO
301
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3317557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, RICK MD
1106 DRUID RD SO
CLEARWATER, FL 33756 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BLUMENCRAZ, PETER W MD
Address: 1106 DRUID RD SO STE 301
City-St-Zip: CLEARWATER, FL 33756

Title: PCD () Delete
Name: SCHMIDT, RICK MD
Address: 1106 DRUID RD SO STE 301
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: HAYDON, ALLAN H MD
Address: 1106 DRUID RD SO STE 301
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: MAY, FARNSWORTH MD
Address: 1106 DRUID RD SO STE 301
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: ERICKSON, KURT MD
Address: 1106 DRUID RD SO STE 301
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: RODRIGUEZ, RICHARD DO
Address: 1106 DRUID RD SO STE 301
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICK J. SCHMIDT

ED

04/01/2009

Electronic Signature of Signing Officer or Director

Date