2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P95000038864

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

Current Principal Place of Business:

1840 MEASE DR
STE 301
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DR
STE 301
SAFETY HARBOR, FL 34695

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
1840 MEASE DR
STE 301
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

BERRY, DAVID MD
1840 MEASE DR
STE 301
SAFETY HARBOR, FL 34695 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: DAVID G BERRY, MD 01/06/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: BERRY, DAVID MD
Address: 1840 MEASE DR STE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD
Name: ROTH, ROBERT J MD
Address: 1840 MEASE DR STE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD
Name: SMALL, THEODORE MD
Address: 1840 MEASE DR STE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD
Name: SCHMIDT, RICK MD
Address: 1840 MEASE DR STE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD
Name: DAVIDSON, ROBERT S MD
Address: 1840 MEASE DR STE 301
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD
Name: ZUZGA, MARK DO
Address: 1840 MEASE DR STE 301
City-St-Zip: SAFETY HARBOR, FL 34695

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: DAVID G BERRY, MD PCD 01/06/2012
Electronic Signature of Signing Officer or Director Date