


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90037 035 \*\*\*158.75

|  |   |         |   |   |  |
|--|---|---------|---|---|--|
| <b>DOCUMENT # P95000049580</b><br>1. Entity Name<br>CENTRAL FLORIDA SURGICAL ASSOCIATES, P.A.  |   |         |   |  |  |
| Principal Place of Business<br>2828 CASA ALOMA WAY<br>SUITE 200 300<br>WINTER PARK, FL 32792   |   |         | Mailing Address<br>2828 CASA ALOMA WAY<br>SUITE 200 300<br>WINTER PARK, FL 32792  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State   |   |         | City & State  |   |  |
| Zip  |   | Country |   | Zip   |  |
| Country  |   | Country |   | 01132008    Chg-P    CR2E034 (12/06)  |  |
| 4. FEI Number<br>59-3323855  |   |         |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |   |         |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br>LEFKOWITZ, IVAN M<br>430 N MILLS AVE<br>ORLANDO, FL 32803   |   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City    FL    Zip Code |   |  |
| 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: _____   |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                        |   |  |
| 10. OFFICERS AND DIRECTORS   |   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MCDONALD, MALCOLM H<br>2828 CASA ALOMA WAY SUITE 200<br>WINTER PARK, FL 32792 <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOSEPH, BENNETT R<br>2828 CASA ALOMA WAY SUITE 200<br>WINTER PARK, FL 32792 <input type="checkbox"/> Delete    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Malcolm McDonald</i>   |   |         | 1-24-08   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |         | Date    Daytime Phone #   |   |  |