

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049580

FILED
Jan 30, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

2828 CASA ALOMA WAY
SUITE 200
WINTER PARK, FL 32792

New Principal Place of Business:

2828 CASA ALOMA WAY
SUITE 300
WINTER PARK, FL 32792

Current Mailing Address:

2828 CASA ALOMA WAY
SUITE 200
WINTER PARK, FL 32792

New Mailing Address:

2828 CASA ALOMA WAY
SUITE 300
WINTER PARK, FL 32792

FEI Number: 59-3323855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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: PD () Delete
Name: MCDONALD, MALCOLM H
Address: 2828 CASA ALOMA WAY SUITE 200
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: JOSEPH, BENNETT R
Address: 2828 CASA ALOMA WAY SUITE 200
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONALD, MALCOLM H
Address: 2828 CASA ALOMA WAY SUITE 300
City-St-Zip: WINTER PARK, FL 32792

Title: VP D (X) Change () Addition
Name: GERALDINE, MCDONALD
Address: 2828 CASA ALOMA WAY SUITE 300
City-St-Zip: WINTER PARK, FL 32792

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: GERALDINE MCDONALD

VP

01/30/2009

Electronic Signature of Signing Officer or Director

Date