2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000049580

FILED Feb 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2828 CASA ALOMA WAY SUITE 300 WINTER PARK, FL 32792 **New Mailing Address: Current 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: Name and Address of New Registered Agent: LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

(X) Delete Title: VP D Title: () Change () Addition

Name: GERALDINE, MCDONALD Name: 2828 CASA ALOMA WAY SUITE 300 Address: Address: WINTER PARK, FL 32792 City-St-Zip: 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: IVAN M LEFKOWITZ, ESQ. RA 02/26/2009