

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 022 ***150.00

DOCUMENT # P95000059401 1. Entity Name NORTH FLORIDA SURGICAL ASSOCIATES, P.A.					
Principal Place of Business 176 NW LAKE JEFFERY ROAD LAKE CITY, FL 32055			Mailing Address P.O. BOX 1971 LAKE CITY, FL 32056-1971		
2. Principal Place of Business #6 Saint Francois St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 567 Suite, Apt. #, etc.			
City & State Fredericktown, MO		City & State Fredericktown, MO		4. FEI Number 59-3331362	
Zip 63645		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASKO, T M 176 NW LAKE JEFFERY ROAD LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Terry McDavid Street Address (P.O. Box Number is Not Acceptable) 178 S.E. Hernando Avenue City Lake City FL Zip Code 32025		
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: TERRY MCDavid 3-21-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 PD <input type="checkbox"/> Delete	NAME VASKO, T M		TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Vasko, T.M.	
STREET ADDRESS 176 NW LAKE JEFFERY ROAD	CITY-ST-ZIP LAKE CITY, FL 32055		STREET ADDRESS #6 Saint Francois Street	CITY-ST-ZIP Fredericktown, MO 63645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: T.M. VASKO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/23/2005		
			Daytime Phone # (573) 783-4232		