




2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000059401 1. Entity Name NORTH FLORIDA SURGICAL ASSOCIATES, P.A.					
Principal Place of Business #6 SAINT FRANCOIS ST FREDERICKTOWN MO 63645			Mailing Address P.O. BOX 567 FREDERICKTOWN MO 63645		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3331362	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCDavid, TERRY 178 SE HERNANDO AVE LAKE CITY FL 32025				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 		Terry McDavid		1-30-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when recertifying)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD VASKO, T M #6 SAINT FRANCOIS ST FREDERICKTOWN MO 63645	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		T.M. VASKO		2/1/2006	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone (573) 783-42	