

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90007 024 ***550.00

DOCUMENT # P96000054254 1. Entity Name SURGERY ONE I.P.A., INC.					
Principal Place of Business 31 W COLUMBIA ST STE 1 ORLANDO, FL 32806			Mailing Address 31 W COLUMBIA ST STE 1 ORLANDO, FL 32806		
2. Principal Place of Business 1003 E. WALLACE ST Suite, Apt. #, etc.		3. Mailing Address 1003 E. WALLACE ST Suite, Apt. #, etc.			
City & State Orlando, FL		City & State ORLANDO, FL		4. FEI Number 59-3388291	
Zip 32809		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMANUS, MICHAEL 31 W COLUMBIA STREET, #1 ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Michael McManus Street Address (P.O. Box Number is Not Acceptable) 1003 E. WALLACE ST. City Orlando FL Zip Code 32809		
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 <u>Michael T. McManus</u> 7.7.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!! FEE IS \$550.00 Due by September 8, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MICHAEL J M.D. 1200 SLIGH BLVD. ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, LOUIS H M.D. 1181 ORANGE AVENUE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRADA, NAPOLEON N MD 812 W. OAK ST. KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIN, JORGE L M 10000 W. COLONIAL DR. SUITE 1265 OCOOEE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHKY, MICHAEL P MD 77 W UNDERWOOD ST ORLANDO, FL 32806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Michael T. McManus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7.7-06 407-816-5031 <small>Date Daytime Phone #</small>		