

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081670

Entity Name: GENERAL SURGICAL ASSOCIATES, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

2901 CORAL HILLS DRIVE, SUITE 250
C/O P.O. 8549
CORAL SPRINGS, FL 33075

New Principal Place of Business:

2901 CORAL HILLS DRIVE, SUITE 250
CORAL SPRINGS, FL 33075

Current Mailing Address:

2901 CORAL HILLS DRIVE, SUITE 250
C/O P.O. 8549
CORAL SPRINGS, FL 33075

New Mailing Address:

2901 CORAL HILLS DRIVE, SUITE 250
CORAL SPRINGS, FL 33075

FEI Number: 65-0700018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JUDITH M M.D.
2901 CORAL HILLS DRIVE, SUITE 250
C/O P.O. 8549
CORAL SPRINGS, FL 33075 US

Name and Address of New Registered Agent:

JOHNSON, JUDITH M M.D.
2901 CORAL HILLS DRIVE, SUITE 250
CORAL SPRINGS, FL 33075 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: JUDITH JOHNSON

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, JUDITH M M.D.
Address: 4010 NW 100 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: JOHNSON, JUDITH M M.D.
Address: 4010 NW 100 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JUDITH JOHNSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date