

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020748

FILED
Jan 03, 2005
Secretary of State

Entity Name: SURGICAL GROUP OF GAINESVILLE, P.A.

Current Principal Place of Business:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3471854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, ANTHONY P M.D.
1143 NW 64TH TER
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, ANTHONY P M.D.
Address: 1143 NW 64TH TER
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: THOBURN, ERIC K M.D.
Address: 1143 NW 64TH TER
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: WEINSHELBAUM, EDWARD M.D.
Address: 239 SW 78TH TER
City-St-Zip: GAINESVILLE, FL 32601

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PICKENS, BRIAN M.D.
Address: 10412 SW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Change (X) Addition
Name: SARANTOS, PETER MD
Address: 15213 NW 41ST AVE.
City-St-Zip: NEWBERRY, FL 32669

Title: D () Change (X) Addition
Name: DETURRIS, STANLEY MD
Address: 1820 SW 86TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY MCDONALD

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

_____ Date