2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# P97000020748

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:

SARANTOS, PETER 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

OFFICERS AND DIRECTORS:

Title: D
Name: PICKENS, N. EARLE M.D.
Address: 1143 NW 64TH TER
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: BRIENT, BRUCE M.D.
Address: 1143 NW 64TH TER
City-St-Zip: GAINESVILLE, FL 32605

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

Title: DP
Name: SARANTOS, PETER MD
Address: 15213 NW 41ST AVE.
City-St-Zip: NEWBERRY, FL 32669

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

Title: D
Name: TIMOTH Y, HIPP MD
Address: 1143 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: PETER SARANTOS PRES 02/01/2011

Electronic Signature of Signing Officer or Director Date