

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003062

FILED
Jan 04, 2005
Secretary of State

Entity Name: SOUTH BAY SURGICAL GROUP, P.A.

Current Principal Place of Business:

4020 STATE RD. 674, SUITE 19
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

4020 STATE RD. 674, SUITE 19
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-3493113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, ELI N
4020 STATE RD. 674, SUITE 19
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

GOLDSBERRY, DAVID T
4020 STATE RD. 674, SUITE 19
SUN CITY CENTER, FL 33573 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: DAVID T. GOLDSBERRY

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LERNER, ELI N
Address: 4020 STATE RD. 674, SUITE 19
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: GOLDSBERRY, DAVID T
Address: 4020 SR 20 674 STE 19
City-St-Zip: SUN CITY CNTR, FL 33573

Title: D (X) Delete
Name: HERMANS, HOWARD F
Address: 4020 SR 674, STE 19
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERMANS, HOWARD F
Address: 4020 STATE RD. 674, SUITE 19
City-St-Zip: SUN CITY CENTER, FL 33573

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 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: DAVID T. GOLDSBERRY

D

01/04/2005

Electronic Signature of Signing Officer or Director

Date