

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003062

FILED  
Feb 21, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4020 SUN CITY CENTER BLVD.  
SUITE 19  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

4020 SUN CITY CENTER BLVD.  
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:**

GOLDSBERRY, DAVID T  
4020 SUN CITY CENTER BLVD.  
SUITE 19  
SUN CITY CENTER, FL 33573 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  
**Name:** HERMANS, HOWARD F  
**Address:** 4020 SUN CITY CENTER BLVD., SUITE 19  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** D  
**Name:** GOLDSBERRY, DAVID T  
**Address:** 4020 SUN CITY CENTER BLVD., SUITE 19  
**City-St-Zip:** SUN CITY CNTR, FL 33573

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:** DAVID GOLDSBERRY

D

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date