

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005203

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: MANATEE SURGICAL CENTER, INC.

## Current Principal Place of Business:

601 MANATEE AVE W  
BRADENTON, FL 34205

## New Principal Place of Business:

## Current Mailing Address:

601 MANATEE AVE W  
BRADENTON, FL 34205

## New Mailing Address:

FEI Number: 65-0826479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEINKE, DANA J MD  
601 MANATEE AVE W  
BRADENTON, FL 34205 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: DP ( ) Delete  
Name: WEINKLE, DANA J MD  
Address: 2423 LANDINGS CIRCLE  
City-St-Zip: BRADENTON, FL 34209

Title: DST ( ) Delete  
Name: GRENIER, MARC MD  
Address: 3812 RIVERVIEW BLVD  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: JOSEPH, JACOB MD  
Address: 2110 PALMA SOLA BLVD  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: DAWSON, MARK MD  
Address: 341 22 STREET COURT NE  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: RODDENBERRY, JOHN MD  
Address: 759 HILLCREST  
City-St-Zip: BRADENTON, FL 34209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DANA J. WEINKLE, MD

DP

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date