

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005203

FILED
Apr 15, 2009
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: RODRIGUEZ, MANUEL MD
Address: 1223 62 STREET NW
City-St-Zip: BRADENTON, FL 34209

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

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

Title: D (X) Change () Addition
Name: KOCAB, MARK MD
Address: 4625 35 COURT EAST
City-St-Zip: BRADENTON, FL 34203

Title: DIR () Change (X) Addition
Name: GURUCHARRI, MICHAEL
Address: 707 58 STREET NW
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date