2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# P98000005203

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

OFFICERS AND DIRECTORS:

Title: DP
Name: WEINKLE, DANA J MD
Address: 2423 LANDINGS CIRCLE
City-St-Zip: BRADENTON, FL 34209

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

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

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

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

Title: DIR
Name: GURUCHARRI, MICHAEL
Address: 707 58 STREET NW
City-St-Zip: BRADENTON, FL 34209

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: DANA J WEINKLE MD PRES 02/11/2011

Electronic Signature of Signing Officer or Director Date