

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068783

FILED
Feb 18, 2004
Secretary of State

Entity Name: SURGICAL INSTITUTE MEDICAL EQUITY CORPORATION

Current Principal Place of Business:

3801 PGA BLVD SUITE 600
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3801 PGA BLVD SUITE 600
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0861327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGSERV CORP
3801 PGA BLVD SUITE 600
PALM BEACH GARDENS, FL 33410

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: RENDINA, BRUCE A
Address: 3801 PGA BLVD STE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPS () Delete
Name: DISALVO, PATRICK J
Address: 3801 PGA BLVD STE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPS () Delete
Name: JURAN, LAWRENCE B
Address: 3801 PGA BLVD STE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: PATRICK J. DISALVO

VP

02/18/2004

Electronic Signature of Signing Officer or Director

Date