


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90045 024 ***150.00

DOCUMENT # P98000087380					
1. Entity Name ALLIED SURGICAL ASSISTANT PROFESSIONALS (A.S.A.P.); P.A.					
Principal Place of Business #5 SUNNY ROAD ORMOND BEACH, FL 32174			Mailing Address #5 SUNNY ROAD ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3543748	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAIL STILLINGS BURCH 12 N PAVENSFIELD LN ORMOND BEACH, FL 32174			Name Street Address (P.O. Box Number is Not Acceptable) City		
GAIL STILLINGS BURCH 12 N PAVENSFIELD LN ORMOND BEACH, FL 32174			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGH, GAIL 12 N RAVENS FIELD LANE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Last name spelled BURCH, not Burgh	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBER, BONNIE 5 SUNNY RD ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wendy Zumball 115 CAMINO CIRCLE ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donna Barber</i>			3-11-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		