2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P98000087380

Entity Name: ALLIED SURGICAL ASSISTANT PROFESSIONALS (A.S.A.P.), P.A.

Current Principal Place of Business:

#5 SUNNY ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

#5 SUNNY ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3543748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAIL STILLINGS BURCH
12 N PAVENSFIELD LN
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

BONNIE JO BARBER
5 SUNNY ROAD
ORMOND BEACH, FL 32174 US

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: BONNIE JO BARBER 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURCH, GAIL
Address: 12 N RAVENS FIELD LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: BARBER, BONNIE
Address: 5 SUNNY RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: ZEMBALL, WENDY
Address: 115 CAMINO CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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 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: BONNIE JO BARBER VPD 04/16/2009
Electronic Signature of Signing Officer or Director Date