

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087380

FILED
Apr 14, 2011
Secretary of State

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:

BONNIE JO BARBER
5 SUNNY ROAD
ORMOND BEACH, FL 32174 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: PD
Name: BURCH, GAIL
Address: 12 N RAVENS FIELD LANE
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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: BONNIE BARBER

VPD

04/14/2011

Electronic Signature of Signing Officer or Director

Date