


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90027 030 ***150.00

DOCUMENT # P98000096845 1. Entity Name LINDA G. WYBLE, M.D., P.A.					
Principal Place of Business AMBULATORY SURGERY CTR 15705 RUTLEDGE PLACE TAMPA, FL 33647			Mailing Address AMBULATORY SURGERY CTR 15705 RUTLEDGE PLACE TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 15705 Rutledge Place Suite, Apt. #, etc.		3. Mailing Address 15705 Rutledge Place Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3542641	
Zip 33647		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYBLE, LINDA G M.D. 15075 RUTLEDGE PL TAMPA, FL 33647				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Linda G. Wyble, MD</u> <u>Linda G. Wyble, MD</u> <u>3/2/2008</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P WYBLE, LINDA G <input type="checkbox"/> Delete 15705 RUTLEDGE PL TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Linda G. Wyble, MD</u> <u>Linda G. Wyble, MD</u> <u>3/2/2008</u> <u>813-632-9489</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					