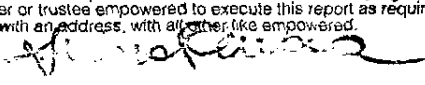


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000106372		
1. Entity Name SURGICAL LICENSED WARD II, INC.		
Principal Place of Business 110 W. UNDERWOOD ST. ORLANDO, FL 32806		Mailing Address 110 W. UNDERWOOD ST. ORLANDO, FL 32806
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOONEY, STEPHEN R 800 N MAGOLIA AVE SUITE 1500 ORLANDO, FL 32803		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	GALLAGHER, JOSEPH MD	
STREET ADDRESS	110 W. UNDERWOOD ST.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	
NAME	DEJESUS, SAMUEL MD	
STREET ADDRESS	110 W UNDERWOOD ST	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	PD	
NAME	FERRARA, ANDREA MD	
STREET ADDRESS	110 W UNDERWOOD ST	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VD	
NAME	WILLIAMSON, PAUL R MD	
STREET ADDRESS	110 W UNDERWOOD ST	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Date: 4/5/2006 (407) 648-9157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #