

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106372

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: SURGICAL LICENSED WARD II, INC.

## Current Principal Place of Business:

110 W. UNDERWOOD ST.  
SUITE B  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

110 W. UNDERWOOD ST.  
SUITE B  
ORLANDO, FL 32806

## New Mailing Address:

FEI Number: 59-3549887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOONEY, STEPHEN R  
800 N MAGOLIA AVE  
SUITE 1500  
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: GALLAGHER, JOSEPH MD  
Address: 110 W. UNDERWOOD ST.  
City-St-Zip: ORLANDO, FL 32806

Title: SEC ( ) Delete  
Name: DEJESUS, SAMUEL MD  
Address: 110 W UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

Title: CFO ( ) Delete  
Name: FERRARA, ANDREA MD  
Address: 110 W UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete  
Name: WILLIAMSON, PAUL R MD  
Address: 110 W UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

## 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:

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: JOSEPH GALLAGHER, MD

CEO

01/07/2008

Electronic Signature of Signing Officer or Director

Date