2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P99000009289

Entity Name: SURGICAL SPECIALISTS OF OCALA, P.A.

Current Principal Place of Business:

1920 SW 20TH PLACE STE 100
OCALA, FL 34474

New Principal Place of Business:

1920 SW 20TH PLACE BLDG 100
OCALA, FL 34474

Current Mailing Address:

1920 SW 20TH PLACE STE 100
OCALA, FL 34474

New Mailing Address:

1920 SW 20TH PLACE BLDG 100
OCALA, FL 34474

FEI Number: 59-3556406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDRA, RAVI M.D.
1920 SW 20TH PLACE STE 100
OCALA, FL 34474 US

Name and Address of New Registered Agent:

CHANDRA, RAVI M.D.
1920 SW 20TH PLACE BLDG 100
OCALA, FL 34474 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: JAMIE GAVIN 01/03/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHANDRA, RAVI M.D.
Address: 1920 SW 20TH PLACE STE 100
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHANDRA, RAVI M.D.
Address: 1920 SW 20TH PLACE BLDG 100
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE GAVIN MS 01/03/2007
Electronic Signature of Signing Officer or Director Date