2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90055 019 ***150.00

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1. Entity Name
SURGERY CONSULTANTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE SUITE 69 FT.MYERS, FL 33907 US	12734 KENWOOD LANE SUITE 69 FT.MYERS, FL 33907 US

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13740 Cypress Terr Ct	13740 Cypress Terr Ct
Suite, Apt. #, etc.: Suites 501-503	Suite, Apt. #, etc.: Suites 501-503
City & State: Ft. Myers FL	City & State: Ft Myers, FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 65-0908721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, WILLIAM R ESQ. 8191 COLLEGE PKWY., #204 FT.MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: William R Smith, Esq
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPS SERBIN, CARYL ~~12734 KENWOOD LANE #69~~ FT.MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 13740 Cypress Terr Ct, Suite 501-503
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ENGLISH, JUDITH ~~12734 KENWOOD LANE #69~~ FT.MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 13740 Cypress Terr Ct, Suite 501-503
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARUSO, TODD A 8191 COLLEGE PARKWAY #302 FT.MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judith L English JUDITH L ENGLISH 3/15/05 239-482-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #