2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# P99000044221

Entity Name: PALM COAST SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

229 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

229 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0918253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, MARK A
229 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

HYLAND, PAUL F
229 GEORGE BUSH BLVD.
DELRAY BEACH, FL 33444 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: PAUL HYLAND 08/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HYLAND, PAUL F
Address: 229 GEORGE BUSH BLVD.
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete
Name: BRESLAW, RALPH B
Address: 229 GEORGE BUSH BLVD.
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD (X) Delete
Name: RUOFF, BRUCE
Address: 229 GEORGE BUSH BLVD
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: HYLAND, PAUL F
Address: 229 GEORGE BUSH BLVD.
City-St-Zip: DELRAY BEACH, FL 33444

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 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 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: RALPH BRESLAW VP 08/30/2005
Electronic Signature of Signing Officer or Director Date