2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# P99000052296

Entity Name: ADVANCED SURGICAL PROCEDURES P.A.

Current Principal Place of Business:

P.O. BOX 416732
MIAMI, FL 332418732

New Principal Place of Business:

P.O. BOX 416732
MIAMI, FL 331416732 US

Current Mailing Address:

P.O. BOX 416732
MIAMI, FL 332418732 US

New Mailing Address:

P.O. BOX 416732
MIAMI, FL 331416732 US

FEI Number: 65-0925462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTS, JEFF P M.D.
7601 E. TREASURE DR. #1106
N. BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

ARTS, JEFF P M.D.
7601 E. TREASURE DR.
1106
N. BAY VILLAGE, FL 33141 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: _____ 02/04/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARTS, JEFF P
Address: 7601 E TREASURE DR #1106
City-St-Zip: N BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JEFF P. ARTS M.D. PRES 02/04/2005
Electronic Signature of Signing Officer or Director — Date