

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078717

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: UNITED SURGICAL ASSISTANTS, INC.

## Current Principal Place of Business:

12880 COMMODITY PLACE  
TAMPA, FL 33626

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 21686  
TAMPA, FL 336221686 US

## New Mailing Address:

FEI Number: 59-3596757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TULLY, JAMES  
12880 COMMODITY PLACE  
TAMPA, FL 33626 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: DP ( ) Delete  
Name: TULLY, JAMES  
Address: 16113 CARDEN DR.  
City-St-Zip: ODESSA, FL 33556

Title: CFO ( ) Delete  
Name: HALE, MARYANN H  
Address: 3218 BAHIA AVE  
City-St-Zip: HOLIDAY, FL 34690

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: HALE, MARYANN G  
Address: 3218 BAHIA AVE  
City-St-Zip: HOLIDAY, FL 34690

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: MARYANN HALE

CFO

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date