


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # S02216 1. Entity Name PEDIATRIC SURGICAL GROUP, P.A.	
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Principal Place of Business 880 SIXTH STREET SOUTH SUITE 210 ST. PETERSBURG, FL 33701 US	Mailing Address 880 SIXTH STREET SOUTH SUITE 210 ST. PETERSBURG, FL 33701 US
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DO NOT WRITE IN THIS SPACE

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3029037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARMEL, RICHARD P JR.
880 SIXTH STREET. SO., STE. 210
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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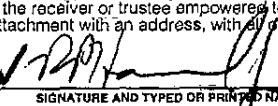
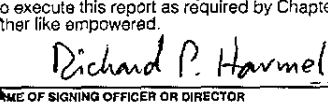
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARMEL, RICHARD P. JR. 880 SIXTH STREET SOUTH., STE. 210 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAY, GAIL A., M.D. 880 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD HEBRA, MD 880 6TH ST. SO. L SUITE 210 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11/22/05-80043-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  Richard P. Harmel Jr.  2/14/05 727-767-4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #