

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02216

FILED  
Aug 16, 2007  
Secretary of State

Entity Name: PEDIATRIC SURGICAL GROUP, P.A.

## Current Principal Place of Business:

880 SIXTH STREET SOUTH  
SUITE 210  
ST. PETERSBURG, FL 33701 US

## New Principal Place of Business:

## Current Mailing Address:

880 SIXTH STREET SOUTH  
SUITE 210  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

FEI Number: 59-3029037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARMEL, RICHARD P JR.  
880 SIXTH STREET. SO., STE, 210  
ST. PETERSBURG, FL 33701 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: D ( ) Delete  
Name: HARMEL, RICHARD P. J. R.  
Address: 880 SIXTH STREET SOUTH., STE. 210  
City-St-Zip: ST.PETERSBURG, FL

Title: D ( ) Delete  
Name: KAY, GAIL A., M.D.,  
Address: 880 SIXTH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MD ( ) Delete  
Name: HEBRA, MD  
Address: 880 6TH ST. SO.L SUITE 210  
City-St-Zip: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: RICHARD P. HARMEL JR

D

08/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date