

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2007 08:00 AM

Secretary of State

DOCUMENT # S25051

1. Entity Name
SEVEN SPRINGS SURGERY CENTER, INC.



Principal Place of Business

**2024 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655 US**

Mailing Address

**2024 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655 US**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3044807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERICH, LARRY M.
2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERICH, LARRY M
STREET ADDRESS	P.O. BOX 781 N/A
CITY- ST- ZIP	ODESSA, FL 33556
TITLE	VD
NAME	PERICH, BARBARA J
STREET ADDRESS	P.O. BOX 781 N/A
CITY- ST- ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000745009
05/16/07-80012-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Perich

4-27-07 727 312-1311