

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25155

FILED
May 01, 2007
Secretary of State

Entity Name: MID-FLORIDA SURGERY CENTER, INC.

Current Principal Place of Business:

17564 U.S. HWY 441
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

17564 U.S. HWY 441
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-3081485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 W CITIZENS BLVD.
SUITE 701
LEESBURG, FL 34748 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: BAUMANN, JEFFREY D M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT. DORA, FL 32757

Title: PD () Delete
Name: PANZO, GREGORY J M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT. DORA, FL 32757

Title: TD () Delete
Name: GOLDEY, STACIA H M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

Title: VPD () Delete
Name: MAIZEL, RAY DAVID M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

Title: VPD () Delete
Name: CHARLES, KEITH M.D.
Address: 17560 U.S. HWY 441
City-St-Zip: MT DORA, FL 32757

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:

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: JEFFREY D. BAUMANN, MD

VPSD

05/01/2007

Electronic Signature of Signing Officer or Director

Date