


2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/6

FILED
Mar 06, 2008 8:00 am
Secretary of State

02-06-2008 90036 001 ***150.00

DOCUMENT # S29501 1. Entity Name TAMPA BAY SURGERY ASSOCIATES, INC.	
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Principal Place of Business 11811 N. DALE MABRY TAMPA, FL 33618	Mailing Address 11811 N. DALE MABRY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE

66002591



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3188837	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

ROSEN, JAY L M.D.
11811 N. DALE MABRY
TAMPA, FL, FL 33618-3505

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERICH, LARRY, D.O. 17906 CRAWLEY RD. ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLIMANS, FRED DO 11809 NORTH DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCEMI, MICHAEL, D.O. 13410 GOLF CREST WAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROSEN, JAY L M.D. 11811 NORTH DALE MABRY HWY. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 like empowered.

SIGNATURE: Jay L. Rosen, M.D. **JAY L. ROSEN M.D.** Date: 3-3-08 Daytime Phone #: 813-961-8500