

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29501

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** TAMPA BAY SURGERY ASSOCIATES, INC.

**Current Principal Place of Business:**

11811 N. DALE MABRY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11811 N. DALE MABRY  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3188837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSEN, JAY L M.D.  
11811 N. DALE MABRY  
TAMPA, FL 336183505 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PERICH, LARRY, D.O.  
Address: 17906 CRAWLEY RD.  
City-St-Zip: ODESSA, FL

Title: D  
Name: MCCLIMANS, FRED DO  
Address: 11809 NORTH DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: BUSCEMI, MICHAEL, D.O.  
Address: 13410 GOLF CREST WAY  
City-St-Zip: TAMPA, FL

Title: CEO  
Name: ROSEN, JAY L M.D.  
Address: 11811 NORTH DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: JAY L ROSEN MD

CEO

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date