

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S76742**

1. Entity Name  
**NORTHWEST FLORIDA SURGICAL CENTER, INC.**



Principal Place of Business  
**4600 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503 US**

Mailing Address  
**4600 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503 US**



05092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3081991**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GALBAVY, EDWARD J  
6190 N. DAVIS HIGHWAY  
PENSACOLA, FL 32504**

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
GALBAVY, EDWARD J  
6190 N. DAVIS HIGHWAY  
PENSACOLA, FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROTH, CHARLES  
4541 N. DAVIS HWY, STE. A  
PENSACOLA, FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CAMERON, ROBERT M  
4541 N. DAVIS HIGHWAY  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCKNIGHT, TIPTON GEORGE  
6160 N. DAVIS HIGHWAY  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, BEN  
4541 N. DAVIS HIGHWAY  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000763934  
05/30/07-80036-008 150.00

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles Roth*  
**Charles Roth**

Date

Daytime Phone #

**5/9/07 850-494-0048**