2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# S76742

Entity Name: NORTHWEST FLORIDA SURGICAL CENTER, INC.

Current Principal Place of Business:

4600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3081991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: GALBAVY, EDWARD J
Address: 6190 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: ROTH, CHARLES
Address: 4541 N. DAVIS HWY, STE. A
City-St-Zip: PENSACOLA, FL 32504

Title: PD ( ) Delete
Name: CAMERON, ROBERT M
Address: 4541 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: MCKNIGHT, TIPTON GEORGE
Address: 6160 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: CLARK, BEN
Address: 4541 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

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: EDWARD GALBAVY DR 03/11/2009
Electronic Signature of Signing Officer or Director Date