

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76742

FILED
Mar 07, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: CASTAGNA, FRANK
Address: 6160 N. DAVIS HIGHWAY STE. 1
City-St-Zip: PENSACOLA, FL 32503

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

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

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

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: ROBERT CAMERON

DR

03/07/2012

Electronic Signature of Signing Officer or Director

Date