



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V47477</b> 1. Entity Name <b>SAMUEL WELLS SURGICENTER, INC.</b>		
Principal Place of Business 3599 UNIVERSITY BLVD. SUITE 604 JACKSONVILLE, FL 32216	Mailing Address 3599 UNIVERSITY BLVD. SUITE 604 JACKSONVILLE, FL 32216	
<h2>DO NOT WRITE IN THIS SPACE</h2>		01152007    No Chg-P    CR2E034 (11/05)
4. FEI Number <b>59-3129938</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>LUDWIG AND BUNN PA</b> <b>5150 BELFORT ROAD STE 500</b> <b>JACKSONVILLE, FL 32256</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 re-registering)    DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>
TITLE	PST	
NAME	OBI, LEWIS J	
STREET ADDRESS	3599 UNIVERSITY BLVD S, #604	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	V	
NAME	BAIRSTOW-OBI, MYRA	
STREET ADDRESS	3599 UNIVERSITY BLVD S, #604	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<h2>DO NOT WRITE IN THIS SPACE</h2>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		<h2>DO NOT WRITE IN THIS SPACE</h2>
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TITLE		<h2>DO NOT WRITE IN THIS SPACE</h2>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<h2>DO NOT WRITE IN THIS SPACE</h2>
TITLE		
NAME		
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.		<h2>DO NOT WRITE IN THIS SPACE</h2>
<b>SIGNATURE:</b> <i>Levin J. OBI MD</i> <b>1.15.07</b> <b>904 3990905</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #		