


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V63202 1. Entity Name NORTHWEST FLORIDA SURGERY CENTER, INC.	
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Principal Place of Business 767 AIRPORT ROAD PANAMA CITY, FL 32405 US	Mailing Address 767 AIRPORT ROAD PANAMA CITY, FL 32405 US
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3123289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, ROWLETT W 833 HARRISON AVENUE PANAMA CITY, FL 32401

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ROHAN, MICHAEL M.D. 408 W 19TH STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD PARELL, JOSEPH G M.D. 330 W 23RD STREET PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STRINGER, MERLE P MD 2011 HARRISON AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GOODWILLER, STEVEN E MD 402 WEST 19TH STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST ELZAWAHRY, KAMEL MD 2202 STATE AVE SUITE 2001 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SAMUELIAN, RON 767 AIRPORT RD PANAMA CITY, FL

**DO NOT WRITE
IN THIS SPACE**

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05/16/06-80038-006 150.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/27/06 <small>Daytime Phone #</small>
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