## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42054

Entity Name: FLORIDA SOCIETY OF GENERAL SURGEONS, INC.

FILED
Mar 15, 2018
Secretary of State
CC7750652819

## **Current Principal Place of Business:**

7335 GREY FOX LANE JACKSONVILLE. FL 32244

## **Current Mailing Address:**

PO BOX 441745

JACKSONVILLE. FL 32222

FEI Number: 59-3046386 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CALLAHAN, WANDA L 7335 GREY FOX LANE JACKSONVILLE, FL 32244 US

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

Officer/Director Detail:

Title MD Title ST

Name CALLAHAN, WANDA L Name WIER, DARYL DMD

Address 5911 HICKS RD Address 77 W. UNDERWOOD ST., 4TH FLR,

STE A

City-State-Zip: JACKSONVILLE FL 32244

City-State-Zip: ORLANDO FL 32806

Title D

Title PD
Name ALPER, BRUCE EMD

Address 566 LANTERNBACK ISLAND DRIVE Name HERMANS, HOWARD FMD

Address 4020 STATE RD 674, STE. 19

City-State-Zip: SATELLITE BEACH FL 32937 City-State-Zip: SUN CITY CENTER FL 33573

Title VD

Name LERNER, ELI NMD

Address 1596 LANCASTER TERRACE, UNIT 2-B

City-State-Zip: JACKSONVILLE FL 32204

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WANDA CALLAHAN MANAGING DIRECTOR 03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

Date