

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42054

Entity Name: FLORIDA SOCIETY OF GENERAL SURGEONS, INC.**Current Principal Place of Business:**5911 HICKS RD
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
5911 HICKS RD
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

Date

Officer/Director Detail :

Title MD
Name CALLAHAN, WANDA L
Address 5911 HICKS RD
City-State-Zip: JACKSONVILLE FL 32244

Title D
Name ALPER, BRUCE EMD
Address 566 LANTERNBACK ISLAND DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title PD
Name HERMANS, HOWARD FMD
Address 4020 STATE RD 674, STE. 19
City-State-Zip: SUN CITY CENTER FL 33573

Title ST
Name WIER, DARYL DMD
Address 77 W. UNDERWOOD ST., 4TH FLR,
STE A
City-State-Zip: ORLANDO FL 32806

Title M
Name FAUCETT, CRYSTAL B
Address 5911 HICKS RD
City-State-Zip: JACKSONVILLE FL 32244

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

MD

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date