

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000002646

**FILED  
Jan 27, 2017  
Secretary of State  
CC6422641250**

**Entity Name:** IMMINENT SURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

4960 LAZY OAKS WAY  
ST. CLOUD, FL 34771

**Current Mailing Address:**

4960 LAZY OAKS WAY  
ST. CLOUD, FL 34771

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AL-RAWI, ALI MD  
4960 LAZY OAKS WAY  
ST. CLOUD, FL 34771 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 P  
Name AL-RAWI, ALI  
Address 6544 CARTMEL LANE  
City-State-Zip: WINDERMERE FL 34786

Title S  
Name BROCKHURST, ALAN MD  
Address 4960 LAZY OAKS WAY  
City-State-Zip: ST. CLOUD FL 34771

Title T  
Name JAICKS, RUSSELL MD  
Address 4960 LAZY OAKS WAY  
City-State-Zip: ST. CLOUD FL 34771

*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:** ALI AL-RAWI

**PRESIDENT**

**01/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date