

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089907

Entity Name: SUNSHINE STATE SURGICAL SPECIALISTS, P.A.

Current Principal Place of Business:

1879 NIGHTINGALE LANE
B3
TAVARES FL 32778

Current Mailing Address:

P. O. BOX 547
TAVARES FL 32778

FEI Number: 02-0702706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BJERKEN, DAVID MD
1879 NIGHTINGALE LANE
B3
TAVARES FL 32778 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 D
Name BJERKEN, DAVID MD
Address 1879 NIGHTINGALE LANE
City-State-Zip: TAVARES FL 32778

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: DAVID BJERKEN

D

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date