


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000089907

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



Principal Place of Business 1879 NIGHTINGALE LANE B3 TAVARES, FL 32778	Mailing Address P. O. BOX 547 TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0702706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BJERKEN, DAVID MD
 1879 NIGHTINGALE LANE
 B3
 TAVARES, FL 32778**

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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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

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 D	NAME BJERKEN, DAVID MD
STREET ADDRESS 1879 NIGHTINGALE LANE	
CITY-ST-ZIP TAVARES, FL 32778	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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 01/13/06-80017-007 150.00

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:  **1/9/06 352-742-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #