


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 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

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
 02-0702706

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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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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: *David Bjerken* 1/16/07 352-742-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #