

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001016

Entity Name: NATIONAL SURGICAL CARE, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

191 N. WACKER DR., SUITE 925
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

191 N. WACKER DR., SUITE 925
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 14-1839049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHMN () Delete
Name: ABASSI, SAMI
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: PRES () Delete
Name: PENCE, RICHARD
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: VP () Delete
Name: CUNNIFF, GREGORY
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: EDWARDS, BENJAMIN
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: FRONTERHOUSE, JEFF
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: CARLYLE, JOHN
Address: 191 N. WACKER DR., SUITE 925
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY R CUNNIFF

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date