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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46613

1. Corporation Name

ST. MARY'S ASC, INC.

562400 - 90021 - 9

Principal Place of Business

901 45TH STREET  
WEST PALM BEACH FL 33407-2495  
US

Mailing Address

901 45TH STREET  
WEST PALM BEACH FL 33407-2495  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/27/1991

4. FEI Number

65-0346875

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LARCOMBE, VALERIE G  
1309 N FLAGLER ST  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME THOMAS MCCLOSKEY  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407-2495

TITLE S  
NAME LARCOMBE, VALERIE GOODWI  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407-2495

TITLE TD  
NAME FRANK NASK  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407-2495

TITLE PD  
NAME DUTCHER, PHILLIP  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407-2495

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/99  
Date

561 650 6223  
Daytime Phone #

CR2E037 (11/98)

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