

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90289 001 \*1,185.00

**DOCUMENT # N46613**

1. Entity Name  
**ST. MARY'S ASC, INC.**

Principal Place of Business      Mailing Address  
 901 45TH STREET      901 45TH STREET  
 WEST PALM BEACH FL 33407-2495      WEST PALM BEACH FL 33407-2495  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0346875**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

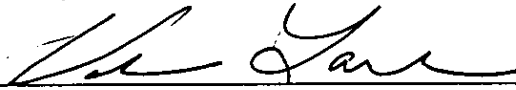
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LARCOMBE, VALERIE G ESQ**  
**AKERMAN SENTERFITT**  
**777 S. FLAGLER DRIVE, SUITE 900E**  
**WEST PALM BEACH FL 33401**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE   
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**


**10. OFFICERS AND DIRECTORS**

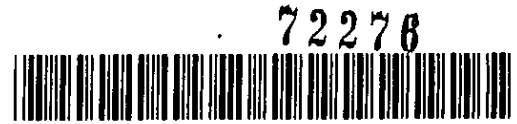
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS MCCLOSKEY	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407-2495	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARCOMBE, VALERIE GOODWI	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407-2495	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOSCALZO, MICHAEL	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NATHAN, STEVEN	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Stanek	
STREET ADDRESS	901 45th Street	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie G. Larcombe	
STREET ADDRESS	777 So. Flagler Drive, Suite 900-East	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Eshak	
STREET ADDRESS	901 45th Street	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  **SIGNATURE REQUIRED**



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)