

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100006

FILED
Jan 08, 2007
Secretary of State

Entity Name: PONTE VEDRA AMBULATORY SURGERY CENTER, INC.

Current Principal Place of Business:

209 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32802

New Principal Place of Business:

Current Mailing Address:

209 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32802

New Mailing Address:

FEI Number: 55-0806256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202 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: VPS () Delete
Name: RUMSEY, C.CAYCE III
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: VPT () Delete
Name: BURK, ROBERT W III
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: DP () Delete
Name: SCIOSCIA, PAUL J
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: RUMSEY, C.CAYCE III, MD
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: P (X) Change () Addition
Name: BURK, ROBERT W III, MD
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: VPS (X) Change () Addition
Name: SCIOSCIA, PAUL J MD
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: VP () Change (X) Addition
Name: SNYDER, BRETT J MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. BURK, III, MD

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01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date