

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100006

FILED
Feb 15, 2011
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 32082

New Principal Place of Business:

Current Mailing Address:

209 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32082

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
113 NATURE WALK PARKWAY
SUITE 103
ST. AUGUSTINE, FL 32092 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

OFFICERS AND DIRECTORS:

Title: DP
Name: RUMSEY, C.CAYCE III, MD
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVP
Name: BURK, ROBERT W III, MD
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVPS
Name: SCIOSCIA, PAUL J MD
Address: 209 PONTE VEDRA PARK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVPT
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 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 all other like empowered.

SIGNATURE: C. CAYCE RUMSEY III, MD

DP

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date