


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000050941  
 1. Entity Name  
 BRADENTON SURGERY CENTER, INC.



Principal Place of Business      Mailing Address  
 2902 59TH W      2902 59TH ST W  
 SUITES F AND G      BRADENTON, FL 34209 US  
 BRADENTON, FL 34209 US



**DO NOT WRITE IN THIS SPACE**

01262006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0505185      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BELSITO, ALPHONSO A  
 2902 59TH ST W  
 SUITE C  
 BRADENTON, FL 34209

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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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELSITO, ALPHONSO A
STREET ADDRESS	2902 59TH ST W
CITY-ST-ZIP	BRADENTON, FL
TITLE	VPT
NAME	BELSITO, JOHN
STREET ADDRESS	2902 59TH ST W
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/06-80010-001 150.C

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Alphonso A. Belsito ALPHONSO A. BELSITO 3/27/06 941-792-143.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #