

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050941

FILED  
May 01, 2012  
Secretary of State

Entity Name: BRADENTON SURGERY CENTER, INC.

**Current Principal Place of Business:**

2902 59TH W  
SUITES F AND G  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

2902 59TH W  
SUITES F AND G  
BRADENTON, FL 34209 US

**New Mailing Address:**

FEI Number: 65-0505185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELSITO, ALPHONSO A  
2902 59TH ST W  
SUITE C  
BRADENTON, FL 34209 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: PRES  
Name: BELSITO, ALPHONSO A  
Address: 2902 59TH ST W, SUITES F & G  
City-St-Zip: BRADENTON, FL 34209

Title: VPT  
Name: RODDENBERRY, JOHN D  
Address: 2902 59TH STREET, SUITES F & G  
City-St-Zip: BRADENTON, FL 34209

Title: TRSR  
Name: RODRIGUEZ, MANUEL E  
Address: 2902 59TH ST W, SUITES F & G  
City-St-Zip: BRADENTON, FL 34209

Title: SCT  
Name: MONTERO, CARLOS  
Address: 2902 59TH ST W, SUITES F & G  
City-St-Zip: BRADENTON, FL 34209

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: ALPHONSO A. BELSITO

PRES

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date