FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:42

DOCUMENT # **P94000068901 (5)**

1. Corporation Name
ATLANTIC SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
541 HEALTH BLVD DAYTONA BEACH FL 32114	541 HEALTH BLVD DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3282460 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has subsidy for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

M.Z. REGISTERED AGENT CORP.
2601 S BAYSHORE DR
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	*	11 TITLE	D ☐ Change ☒ Addition
NAME		12 NAME	Brown, B. Thomas, MD
STREET ADDRESS		13 STREET ADDRESS	602 Riverside Dr
CITY ST ZIP		14 CITY ST ZIP	Ormond Beach, FL 32176
TITLE		21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	Cantwell, Anthony L, MD
STREET ADDRESS		23 STREET ADDRESS	25 Forest View Way
CITY ST ZIP		24 CITY ST ZIP	Ormond Beach, FL 32174
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Davis, Allan M., MD
STREET ADDRESS		33 STREET ADDRESS	78 N. St. Andrews Dr
CITY ST ZIP		34 CITY ST ZIP	Ormond Beach, FL 32174
TITLE		41 TITLE	PD ☐ Change ☒ Addition
NAME		42 NAME	Dineen, Martin K., MD
STREET ADDRESS		43 STREET ADDRESS	12 Sandcastle Dr
CITY ST ZIP		44 CITY ST ZIP	Ormond Beach, FL 32176
TITLE		51 TITLE	SD ☐ Change ☒ Addition
NAME		52 NAME	Hankins, Craig M., MD
STREET ADDRESS		53 STREET ADDRESS	2708 S. Peninsula Dr
CITY ST ZIP		54 CITY ST ZIP	Daytona Beach, FL 32118
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Jones, William R., MD
STREET ADDRESS		63 STREET ADDRESS	340 Riverside Dr
CITY ST ZIP		64 CITY ST ZIP	Ormond Beach, FL 32176

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Martin K. Dineen, M.D. 4-27-95 (904) 239-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0402007 FP

994-6890)

13.

VD
McDonough, Michael P, DPM
595 W. Granada Ave.
Ormond Beach, FL 32174

Addition

TD
Wescott, John W., MD
89 N. St. Andrews Dr
Ormond Beach, FL 32174

Addition

D
Williams, Robert C., MD
704 Overlook Trail
Port Orange, FL 32127

Addition