

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000068901 (5)**

1. Corporation Name

ATLANTIC SURGERY CENTER, INC.



Principal Place of Business

Mailing Address

541 HEALTH BLVD
DAYTONA BEACH FL 32114

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DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified 09/19/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3282460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 607.0303, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent, officer or director (24) (24) Registered Agent Signature must include full state (24) (24)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, B. T MD	12 NAME	McDonough, Michael P, DPM
STREET ADDRESS	602 RIVERSIDE DR	13 STREET ADDRESS	595 W. Granada
CITY-STATE-ZIP	ORMOND BEACH FL	14 CITY-STATE-ZIP	Ormond Beach FL 32174
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTWELL, ANTHONY L MD	2.2 NAME	Wescott, John W., M.D.
STREET ADDRESS	25 FOREST VIEW WAY	2.3 STREET ADDRESS	89 N. St. Andrews Drive
CITY-STATE-ZIP	ORMOND BEACH FL	2.4 CITY-STATE-ZIP	Ormond Beach FL 32174
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ALLAN M MD	3.2 NAME	Williams, Robert, MD
STREET ADDRESS	78 N. ST. ANDREWS DR	3.3 STREET ADDRESS	704 Overlook Trail
CITY-STATE-ZIP	ORMOND BEACH FL	3.4 CITY-STATE-ZIP	Port Orange FL 32127
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINEEN, MARTIN K MD	4.2 NAME	
STREET ADDRESS	12 SANDCASTLE DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL	4.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, CRAIG M MD	5.2 NAME	
STREET ADDRESS	2708 S PENINSULA DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WILLIAM R M.D	6.2 NAME	
STREET ADDRESS	340 RIVERSIDE DR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL	6.4 CITY-STATE-ZIP	

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)(k), 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 change is shown on an attachment to this address.

SIGNATURE: *John W. Wescott* 1-23-96 John W. Wescott, M.D. 904-239-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)