

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90184 033 ***150.00

0022523

DOCUMENT # P94000068901

1. Corporation Name

ATLANTIC SURGERY CENTER, INC.

Principal Place of Business

**541 HEALTH BLVD
DAYTONA BEACH FL 32114**

Mailing Address

**541 HEALTH BLVD
DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

59-3282460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

25

29 Zip

Country

30

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

TITLE **D** ☐ DELETE
NAME **BROWN, B. T MD**
STREET ADDRESS **602 RIVERSIDE DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **PD** ☐ DELETE
NAME **WESCOTT, JOHN W. M**
STREET ADDRESS **89 N. ST. ANDREWS DR.**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **CANTWELL, ANTHONY L MD**
STREET ADDRESS **25 FOREST VIEW WAY**
CITY-ST-ZIP **ORMAND BEACH FL 32174**

TITLE **D** ☐ DELETE
NAME **MCDONOUGH, MICHAEL W. D**
STREET ADDRESS **595 W. GRANADA AVE.**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **SD** ☒ DELETE
NAME **HANKINS, CRAIG M MD**
STREET ADDRESS **2708 S PENINSULA DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Williams, Robert MD**
5.3 STREET ADDRESS **704 Overlook Trail**
5.4 CITY-ST-ZIP **Port Orange FL 32119**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11:07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)