

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000068901**

1. Entity Name

ATLANTIC SURGERY CENTER, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90030 003 ***150.00

Principal Place of Business

**541 HEALTH BLVD
DAYTONA BEACH FL 32114**

Mailing Address

**541 HEALTH BLVD
DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3282460**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	BROWN, B. T MD	602 RIVERSIDE DR	ORMOND BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
	WESCOTT, JOHN W. M	89 N. ST. ANDREWS DR.	ORMOND BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
	MUNIER, MICHAEL A	45 SHADOW CREEK WAY	ORMOND BEACH FL 32174	<input type="checkbox"/>	<input type="checkbox"/>
	MCDONOUGH, MICHAEL W. D	595 W. GRANADA AVE.	ORMOND BEACH FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WILLIAMS, ROBERT MD	704 OVERLOOK TRAIL	PORT ORANGE FL 32119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Director Terrence C. Regan	2 Sugar Mill Lane	Flagler Beach FL 32136	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Director Craig M. Hankins	2708 S. Peninsula Dr.	Daytona Beach FL 32118	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

John W. Wescott

Date

Daytime Phone #

386-234-0021

CR2E034 (10/00)