

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

FILED
Mar 04, 2004
Secretary of State

Entity Name: ATLANTIC SURGERY CENTER, INC.

Current Principal Place of Business:

541 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

541 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3282460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REGAN, TERRENCE C MD
Address: 2 SUGAR MILL LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: PD () Delete
Name: WESCOTT, JOHN W. M
Address: 89 N. ST. ANDREWS DR.
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: DIGAETANO, MARGARET
Address: 541 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: CANTWELL, ANTHONY L
Address: 25 FOREST VIEW WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: HANKINS, CRAIG M
Address: 2708 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN W. WESCOTT, M.D.

D

03/04/2004

Electronic Signature of Signing Officer or Director

_____ Date