

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

FILED  
Feb 09, 2005  
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: VPD (X) Change ( ) Addition  
Name: WESCOTT, JOHN W. M  
Address: 89 N. ST. ANDREWS DR.  
City-St-Zip: ORMOND BEACH, FL

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

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

Title: PD (X) Change ( ) Addition  
Name: HANKINS, CRAIG M  
Address: 2708 S PENINSULA DR  
City-St-Zip: DAYTONA BEACH, FL 32118

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.

VP

02/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date