

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

FILED  
Apr 03, 2007  
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:

MERRELL, MATTHEW M MD  
541 HEALTH BLVD.  
DAYTONA BEACH, FL 32114 US

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: MATTHEW M. MERRELL, MD

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Delete  
Name: WESCOTT, JOHN W  
Address: 89 N. ST. ANDREWS DR  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: DIGAETANO, MARGARET MD  
Address: 505 HEALTH BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ST (X) Change ( ) Addition  
Name: MERRELL, MATTHEW M MD  
Address: 541 HEALTH BLVD  
City-St-Zip: DAYTONA BEACH, FL 32115

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 Chapter 119, 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: CRAIG HANKINS, MD

P

04/03/2007

Electronic Signature of Signing Officer or Director

Date