

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

Entity Name: ATLANTIC SURGERY CENTER, INC.

FILED
Jan 21, 2008
Secretary of State

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:

MERRELL, MATTHEW M MD
541 HEALTH BLVD.
DAYTONA BEACH, FL 32114 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: P () Delete
Name: HANKINS, CRAIG MD
Address: 2708 S. PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERRELL, MATTHEW M MD
Address: 541 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

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

Title: ST (X) Change () Addition
Name: MUNIER, MICHAEL MD
Address: 1050 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW M. MERRELL, MD

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date