

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

FILED  
Mar 17, 2009  
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:**

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: MERRELL, MATTHEW M MD  
Address: 541 HEALTH BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

**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:

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

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date