

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

FILED
Jan 16, 2012
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

OFFICERS AND DIRECTORS:

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

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

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

Title: ADM
Name: HINES, SHIRLEY A
Address: 541 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY A HINES, RN CASC

ADMI

01/16/2012

Electronic Signature of Signing Officer or Director

Date