

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39378

FILED
Jan 12, 2005
Secretary of State

Entity Name: FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS, INC.

Current Principal Place of Business:

1530 METROPOLITAN BLVD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

325 JOHN KNOX ROAD
L-103
TALLAHASSEE, FL 32303 US

Current Mailing Address:

1530 METROPOLITAN BLVD
TALLAHASSEE, FL 32308 US

New Mailing Address:

325 JOHN KNOX ROAD
L-103
TALLAHASSEE, FL 32303 US

FEI Number: 59-3033878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOHRENGEL, PETER
1530 METROPOLITAN BLVD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

LOHRENGEL, PETER
325 JOHN KNOX ROAD
L-103
TALLAHASSEE, FL 32303 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: PETER LOHRENGEL

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PROCUNAR, DIANA
Address: 325 AVE. B., NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: P () Delete
Name: SLOSBURG, DONNA
Address: 539 PASADENA AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33707

Title: S () Delete
Name: THOMAS, LISA
Address: 539 PASADENA AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707D

Title: T (X) Delete
Name: WARMIJAK, LOU
Address: 2275 N. CENTRAL AVENUE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: THOMPSON, SUE ELLEN
Address: 2056 ALOMA AVE, STE. 200
City-St-Zip: WINTER PARK, FL 32792 33

Title: P (X) Change () Addition
Name: WARMIJAK, LOU
Address: 2275 N. CENTRAL AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: T (X) Change () Addition
Name: GUARINO, MIKE
Address: 11377 CORTEZ BLVD
City-St-Zip: SPRING HILL, FL 34613

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE GUARINO

T

01/12/2005

Electronic Signature of Signing Officer or Director

Date