2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N39378

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
325 JOHN KNOX ROAD
L-103
TALLAHASSEE, FL 32303 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: S ( ) Delete
Name: THOMPSON, SUE ELLEN
Address: 2056 ALOMA AVE, STE. 200
City-St-Zip: WINTER PARK, FL 32792 33

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: RODRIGUEZ, OMELIO C
Address: 75 VALENCIA, STE. 100
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition
Name: SLOSBURG, DONNA
Address: 5686 ESCONDIDA BLVD S.
City-St-Zip: ST. PETERSBURG, FL 33715

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

SIGNATURE: PETER LOHRENGEL D 01/10/2006

Electronic Signature of Signing Officer or Director — Date