2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
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: BURDEN, NANCY
Address: 8787 BYRAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: GUARINO, MIKE
Address: 7268 CRYSTAL SPRING RUN
City-St-Zip: WEEKI WACHEE, FL 34607

Title: T (X) Change ( ) Addition
Name: NASH, LINDA
Address: 601 MANATEE AVE, WEST
City-St-Zip: BRADENTON, FL 34205

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 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 01/16/2008

Electronic Signature of Signing Officer or Director — Date