

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39378

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

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7104892177**

**Current Principal Place of Business:**

1990 VILLAGE GREEN WAY  
SUITE # 1  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1400 VILLAGE SQUARE BLVD.  
#3-175  
TALLAHASSEE, FL 32312 US

**FEI Number: 59-3033878**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOHRENGEL, PETER  
1400 VILLAGE SQUARE BLVD.  
#3-175  
TALLAHASSEE, FL 32312 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name COURTAY, RENA  
Address 10080 NW 7TH STREET  
City-State-Zip: PLANTATION FL 33324  
  
Title T  
Name EARNEST, WILL  
Address 24 CATHEDRAL PLACE  
SUITE 609  
City-State-Zip: ST. AUGUSTINE FL 32084

Title P  
Name BRUENER, JEFF  
Address 4220 FAWN MEADOWS CIRCLE  
City-State-Zip: CLERMONT FL 34711

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

**SIGNATURE: JEFF BRUENER**

**P**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date