

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39378

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

FILED
Jan 09, 2019
Secretary of State
1644522493CC

Current Principal Place of Business:

1621 METROPOLITAN BLVD
SUITE # 201
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 PRESIDENT
Name EPSTEIN, SAUL
Address 6806 NORTH STATE RD 7
City-State-Zip: COCONUT CREEK FL 33073

Title SECRETARY
Name HAEN, ROBERT
Address 10475 CENTURION PARKWAY NORTH
 #101
City-State-Zip: JACKSONVILLE FL 32256

Title T
Name CHRIS, MARKFORD
Address 402 JEFFORDS STREET
City-State-Zip: CLEARWATER FL 33756

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: SAUL EPSTEIN

OFFICER

01/09/2019

Electronic Signature of Signing Officer/Director Detail

Date