2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39378

Entity Name: FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS,

INC.

FILED
Jan 06, 2017
Secretary of State
CC9974463795

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:

TitlePRESIDENTTitleSECRETARYNameCOURTAY, RENANameBAKER, DEBBIE

Address 10080 NW 7TH STREET Address 13060 N TELECOM PKWY

City-State-Zip: PLANTATION FL 33324 City-State-Zip: TEMPLE TERRACE FL 33637

Title T

Name EARNEST, WILL

Address 24 CATHEDRAL PLACE

SUITE 609

City-State-Zip: ST. AUGUSTINE FL 32084

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.

Electronic Signature of Signing Officer/Director Detail

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