

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39378

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

**FILED**  
**Jan 10, 2013**  
**Secretary of State**  
**CC8826897635**

**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 BURDEN, NANCY  
Address 8787 BYRAN DAIRY ROAD  
City-State-Zip: LARGO FL 33777

Title P  
Name NASH, LINDA  
Address 601 MANATEE AVE, WEST  
City-State-Zip: BRADENTON FL 34205

Title T  
Name EPSTEIN, SAUL  
Address 6806 NORTH STATE RD. 7  
City-State-Zip: COCONUT CREEK FL 33073

*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: LINDA NASH**

**P**

**01/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date