

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035773

Entity Name: SURGERY CENTER OF NORTH FLORIDA, INC.

Current Principal Place of Business:

6520 N.W. 9TH BOULEVARD
GAINESVILLE, FL 32605

Current Mailing Address:

6520 N.W. 9TH BOULEVARD
GAINESVILLE, FL 32605

FEI Number: 59-3182391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRILL, ROGER T
6520 N.W. 9TH BOULEVARD
GAINESVILLE, FL 32605 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 DPS
Name BRILL, ROGER T
Address 6520 N.W. 9TH BOULEVARD
City-State-Zip: GAINESVILLE FL 32605

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

SIGNATURE: ROGER T. BRILL

MD

01/22/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date