

**2013 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:** Yes

**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

**PRESIDENT**

**03/25/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date