

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000050941

**Entity Name:** BRADENTON SURGERY CENTER, INC.

**Current Principal Place of Business:**

2902 59TH W  
SUITES F AND G  
BRADENTON, FL 34209

**Current Mailing Address:**

2902 59TH W  
SUITES F AND G  
BRADENTON, FL 34209 US

**FEI Number: 65-0505185**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BELSITO, ALPHONSO A  
2902 59TH ST W  
SUITE C  
BRADENTON, FL 34209 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            PRES  
Name            BELSITO, ALPHONSO A  
Address        2902 59TH ST W, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

Title            VPT  
Name            RODDENBERRY, JOHN D  
Address        2902 59TH STREET, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

Title            TRSR  
Name            RODRIGUEZ, MANUEL E  
Address        2902 59TH ST W, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

Title            SCT  
Name            MONTERO, CARLOS  
Address        2902 59TH ST W, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

Title            CORRESPONDING SECRETARY  
Name            RASCON-AGUILAR, IVAN E  
Address        2902 59TH STRAAT WEST  
                 SUITES F & G  
City-State-Zip: BRADENTON FL 34209

*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: ALPHONSO A. BELSITO, MD**

**PRESIDENT**

**03/12/2013**

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

\_\_\_\_\_  
Date