

**2016 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  
SUITES F & G  
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:** CARLOS MONTERO

**MEDICAL DIRECTOR**

**04/26/2016**

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