

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068901

Entity Name: ATLANTIC SURGERY CENTER, INC.

Current Principal Place of Business:

541 HEALTH BLVD
DAYTONA BEACH, FL 32114

Current Mailing Address:

541 HEALTH BLVD
DAYTONA BEACH, FL 32114

FEI Number: 59-3282460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRELL, MATTHEW MMD
541 HEALTH BLVD.
DAYTONA BEACH, FL 32114 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 P
Name MERRELL, MATTHEW MMD
Address 541 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name DIGAETANO, MARGARET MD
Address 505 HEALTH BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title ST
Name MUNIER, MICHAEL MD
Address 1050 W. GRANADA BLVD.
City-State-Zip: ORMOND BEACH FL 32174

Title ADM
Name HINES, SHIRLEY A
Address 541 HEALTH BLVD
City-State-Zip: DAYTONA BEACH FL 32114

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: SHIRLEY A HINES

ADMINISTRATOR

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date