

**2022 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:** Yes

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

ANTHONY CANTWELL, MD  
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:** ANTHONY CANTWELL

11/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CANTWELL, ANTHONY DR.  
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 LAWINDY, SAMUEL MD  
Address 541 HEALTH BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title ADM  
Name NICOLAI, JEFFREY W  
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:** JEFFREY NICOLAI

**ADMINISTRATOR**

11/08/2022

Electronic Signature of Signing Officer/Director Detail

Date