**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 23, 2020**
**Secretary of State**
**1654023254CC**

DOCUMENT# F19000002751

**Entity Name:** AMBULATORY SERVICES CORPORATION

**Current Principal Place of Business:**

1800 2ND STREET
SUITE:915
SARASOTA, FL 34236-5930

**Current Mailing Address:**

1800 2ND STREET
SUITE:915
SARASOTA, FL 34236-5930 US

**FEI Number: 90-0159641**

**Certificate of Status Desired:** No

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

HOCK, RONALD G
1800 2ND STREET
SUITE:915
SARASOTA, FL 34236-5930 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 | D/P/CEO | Title | D/EVP |
| Name | SOLODKO, PETER | Name | FEITSER, NIKOLAY |
| Address | 1800 2ND STREET. SUITE 915 | Address | 180 2ND STREET, SUITE 915 |
| City-State-Zip: | SARASOTA FL 34236 | City-State-Zip: | SARASOTA FL 34236 |

| | |
|---|---|
| Title | S/T |
| Name | RADAKOVIC, MARILYN |
| Address | 1800 2ND STREET<br>SUITE 915 |
| City-State-Zip: | SARASOTA FL 34236 |

*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: MARILYN RADAKOVIC S/T 06/23/2020

Electronic Signature of Signing Officer/Director Detail — Date