F19000002751

(Req	uestor's Name)	<u></u>	
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的名词形对称。例如:"即是一**》**是可以,





COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Ambulatory Service	es Corpora	ation
DOCUMENT NUMBER: F19000000275	e of Corporation 51	
The enclosed Affidavit by Foreign Corporation I submitted for filing.		icer(s) and/or Director(s) and fee are
Please return all correspondence concerning this	matter to the follow	ving:
Ronald G. Hock, Esq.		
Name of Contact Person		
Ambulatory Services Corp	oratio	
Firm/Company		
1800 2nd Street, Suite 915	5	
Address	· · · · · · · · · · · · · · · · · · ·	
Sarasota, Florida 34236		
City/State and Zip Code		
rhock@chsmed.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, pl	ease call:	
,		-3490
Ronald G. Hock, Esq. Name of Contact Person at (Area Code & Daytim	e Telephone Number
Enclosed is a check made payable to the Florida	Department of State	e for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status &
Mailing Address: Amendment Section	Street Address: Amendment Sec	tion
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
1 attanassee, FL 52514	Tallahassee, FL	



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

 This entity was authorized to transact be number is F19000002751 This corporation was formed under the 	· · · · · · · ·
4. The name and address of each officer a	nd/or director is as follows:
Title: D/P/CEO	nd/or director is as follows: Name and Address
	Sarasota, Florida 34236
D/EVP	Nikolay Feitser
	1800 2nd Street, Suite 915
	Sarasota, Florida 34236
S/T	Marilyn Radakovic
	1800 2nd Street, Suite 915
	Sarasota, Florida 34236
(Attach add	ditional pages if necessary)
	CEO
signature of an officer or director	Title of person signing
Peter Soloako yped or printed name of person signing	FILING FEE \$35

FILING FEE \$35

Make cheeks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Ambulatory Services Cor	poration	
Name of Corpora DOCUMENT NUMBER: F19000002751	ion	
The enclosed Affidavit by Foreign Corporation to Change/A submitted for filing.	dd Officer(s) and/or Director(s) and fee are	
Please return all correspondence concerning this matter to the	following:	
Ronald G. Hock, Esq.		
Name of Contact Person		
Ambulatory Services Corporation		
Firm/Company		
1800 2nd Street, Suite 915		
Address		
Sarasota, Florida 34236		
City/State and Zip Code		
rhock@chsmed.com		
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, please call:		
Ronald G. Hock, Esq. at (941) Name of Contact Person at (Area Code &	925-3490	
Name of Contact Person Area Code &	Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department	of State for the following amount:	
Certificate of Status Certified	al copy is Certified Copy	
	ent Section	
P.O. Box 6327 Clifton E	Division of Corporations Clifton Building	
	ecutive Center Circle see, FL 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

2. This entity was authorized to transact but number is F19000002751	usiness in Florida on 6/13/2019 and its Florida documents
3. This corporation was formed under the la	aws of California TALL SEP addordirector is as follows:
4. The name and address of each officer an	nd/or director is as follows:
<u>Title:</u> D/P/CEO	Name and Address
	1800 2nd Street, Suite 915 👸
	Sarasota, Florida 34236
D/EVP	Nikolay Feitser
	1800 2nd Street, Suite 915
	Sarasota, Florida 34236
S/T	Marilyn Radakovic
	1800 2nd Street, Suite 915
	Sarasota, Florida 34236
(Attach add	litional pages if necessary)
	CEO
nature of an utility or director	Title of person signing
Peter Soloako ed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314