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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # G13167

1. Corporation Name

(3)

AMBULATORY SURGICAL CENTER OF CENTRAL FLORIDA, I



Principal Place of E	Business	Mailing Address						
801 N. STONE		801 N. STONE ST. DELAND FL 32720						
DELAND FL 32720		DELAND FL SEIZV		3. Date Incorporated or Qualified 12/07/1982 3a. Date of Last Report 05/01/1995				
2. Principa! Place	of Rusiness	2a. Mailing Address			4. FEI Number		Applied	
Principa! Place]	OL DOSHI622	26			59-2288257		Not App	
Suite, Apt. #, e	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		. 75 Additi Fee Require	
Ounte, repense, o	• • •	27					5.00 May	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		o.uu may idded to Fe	
		28	Country		8. This corporation has liability for			
Zip	Country	Zip	30 Country		Florida Statutes	□No		
<u> </u>	9. Name and Address of Curren	29 It Registered Agent			10. Name and Address of New F	Registered Agen	t	
	9. Name and Address of Current		81	Name				
DOVI FO	SAMI I IARA A		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
DUILES,	, William A Ine St., Suite 1200		02					
	O FL 32801		83					
UNLAHU	O I P OPPO I		84	City		85	Zip Code	e
					ration submits this statement for the pured of directors. Thereby accept the app	FL "	a ita ragiata	red offic
SIGNATURE	gnature, typed or printed name of registric Lagers		(NOTE: Registered April	segrat ne record	ad wher remarking. ADDITIONS/CHANGES TO OF	DATE FICERS AND DIR	ECTORS IN	112
12.	OFFICERS AN	DIRECTORS	13.	Segrati Res (eCoste)	ADDITIONS/CHANGES TO OF			L 12 Addition
12.	OFFICERS AN			Begrut Herfeldistel	al what Printed Pg ADDITIONS/CHANGES TO OF	FICERS AND DIR		L 12 Addition
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SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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