FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

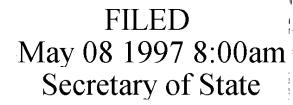
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

G13167

(3)

AMBULATORY SURGICAL CENTER OF CENTRAL FLORIDA, I NC.





Principal Place of Business		Mailing Address						// D/D# 40	
801 N. STONE ST. DELAND FL 32720		801 N. STONE ST. DELAND FL 32720-3255							
						Date Incorporated or Qualified 12/07/1982	•	e of Last f	Report
2. Principal Pl	lace of Business	2a, Mailing Addre	ess			4. FEI Number	1)1/ 1996	pplied For
21		26				59-2288257		h	ot Applicable
Suite, Apt	#, ctc	Suite, Apt. #,	etc.			1			Additional
22		27				5. Certificate of Status Desired			equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	C	ountry		8. This corporation has fiability for i			. 199.032,
24	25	29	30				Yes 🗆		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
BOY	/LES, WILLIAM A			81	Name				
201 E. PINE ST., SUITE 1200 ORLANDO FL 32801				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		<u></u>
UNL	ANDU FL 32001			83					
				84	City			leel 7.	<u> </u>
				**	Опу		FL	85 Zip	Code
SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the of				1	oration submits this statement for the p ilon's board of directors. I hereby accep	t the appo	intment as	registered
12.		AND DIRECTORS	1:	 	it signatore respon	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TIT.E	PTD	☐ DEI		1 TITLE				Change	Addition
NAME	NEUMANN, ALBERT C MD		1.2	2 NAME		•	•		
STREET ADDRESS	801 NORTH STONE ST		1.3	STREET	ADDRESS				
CHTV+ST+ZEP	DELAND FL 32720			CITY-SI	1				
TITLE	VER.VIV.I.E.VELEV	☐ DEL		TITLE				Change	☐ Addition
NAME			2.2	2 NAME		•			
STREET ADDRESS			2.3	STAEET	ADDRESS				
CHY-ST-ZiF			2.1	4 CITY-S	T-ZIP				
TITLE		☐ DEL		TITLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET A	ADDRESS .				
CDY+S1+Z02			3.4	L CITY - S	T-ZIP				
TITLE			FTF					Change	Addition
		☐ DEL	tit 4.1	TITLE			[
NAME		☐ DEL		I TITLE 2 NAME			[on carrigo	
NAME STREET ADORESS		☐ DEL	4.	2 NAME	address		Ţ		
		☐ DEL	4. i 4.3	2 NAME			l		
STREET ADORESS		☐ DEL	4. ± 4.3 4.4	2 NAME 3 STREET A			T	Change	Addition
STREET ADORESS CITY-ST-ZIP			4.3 4.4 ETE 5.1	2 NAME 3 STREET A 1 CITY - ST				•	Addition
STREET ADORESS CITY-ST-ZIP TITLE			4.3 4.4 ETE 5.1 5.2	2 NAME 3 STREET A 1 CITY - ST 1 TITLE	- ZIP		T T	•	Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME			4.3 4.4 ETE 5.1 5.2 5.3	2 NAME 3 STREET A 1 CITY - ST 1 TITLE 2 NAME	- ZIP			•	Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS		DEL	4.7 4.3 4.4 ETE 5.1 5.2 5.3 5.4	2 NAME 3 STREET A 1 CITY - ST 1 TITLE 2 NAME 3 STREET A	- ZIP		Ţ	•	Addition
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STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DEL	4.7 4.3 4.4 ETE 5.1 5.2 5.3 5.4 ETE 6.1 6.2 6.3	2 NAME 3 STREET A 1 CITY-ST 1 TITLE 2 NAME 3 STREET A 1 CITY-ST 1 TITLE 2 NAME 3 STREET A 1 CITY-ST	ADDRESS - ZIP ADDRESS - ZIP	in Section 119.07(3)(i), Florida Statutes	[Change Change	Addition

Information incleated on this annual report of supplemental annual report is reported and distinguished and that my signature shall have the supplemental annual report of supplemental annual report is reported by Chapter 607. Florida Statules; appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE