
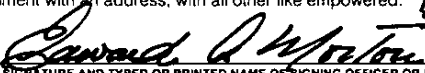


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90158 034 ***150.00

DOCUMENT # H67170					
1. Entity Name AMBULATORY SURGICAL CARE CENTER, INC.					
Principal Place of Business 350 7TH STREET NORTH NAPLES, FL 34102			Mailing Address 350 7TH STREET NORTH NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address P.O. Box 727		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Naples, FL		
Zip	Country	Zip	Country	4. FEI Number 59-2568104	
34106		34106		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, KEVIN 350 7TH ST. NORTH NAPLES, FL 34102				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNETT, CYNTHIA 350 7TH STREET N NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JAY 350 7TH STREET N NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CENSITS, RICHARD 350 7TH ST. NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORTON, EDWARD A. 350 7TH ST. N. NAPLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKOVICH, JOSEPH III 350 7TH ST. N. NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERNBACH, PAUL MD 350 7TH ST. N. NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/25/06 Daytime Phone #: 239-436-5100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40068667
#467170

Ambulatory Surgical Care Center, Inc.
2006 Board Members

Carl Westman
350 7th Street North
Naples, FL 34102
Chairman/Director

John Morrison
350 7th Street North
Naples, FL 34102
Director

Stephen Schwartz
350 7th Street North
Naples, FL 34102
1st Vice Chair/Director

Edwin Stedem
350 7th Street North
Naples, FL 34102
Director

Richard Roland, M.D.
350 7th Street North
Naples, FL 34102
2nd Vice Chair/Director

William Bindley
350 7th Street North
Naples, FL 34102
Director

Allen Weiss, M.D.
350 7th Street North
Naples, FL 34102
President

Daniel Baer
350 7th Street North
Naples, FL 34102
Director

James Warnken
350 7th Street North
Naples, FL 34102
CFO/Assistant Treasurer

Daniel Gill
350 7th Street North
Naples, FL 34102
Director

Linda Flewelling
350 7th Street North
Naples, FL 34102
Director

Kevin Cooper
350 7th Street North
Naples, FL 34102
VP/General Counsel

Thomas Gazdic
350 7th Street North
Naples, FL 34102
Director

Arnold Lerner
350 7th Street North
Naples, FL 34102
Director