

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 003 ***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
**POB 727
 NAPLES, FL 34106**

40095324



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04162007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
59-2568104

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOPER, KEVIN
 350 7TH ST. NORTH
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, CYNTHIA			NAME	MARTIN, BETH A.		
STREET ADDRESS	350 7TH STREET N			STREET ADDRESS	350 7TH STREET NORTH		
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, JAY			NAME			
STREET ADDRESS	350 7TH STREET N			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CENSITS, RICHARD			NAME	STEDEM, EDWIN J.		
STREET ADDRESS	350 7TH ST. NORTH			STREET ADDRESS	350 7TH STREET NORTH		
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	CEO	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT & CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORTON, EDWARD A.			NAME	WEISS, M.D., ALLEN S.		
STREET ADDRESS	350 7TH ST. N.			STREET ADDRESS	350 7TH STREET NORTH		
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	2nd Vice Chair/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PERKOVICH, JOSEPH III			NAME	PERKOVICH, JOSEPH III		
STREET ADDRESS	350 7TH ST. N.			STREET ADDRESS	350 7TH STREET NORTH		
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERNBACH, PAUL MD			NAME			
STREET ADDRESS	350 7TH ST. N.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ambulatory Surgical Care Center, Inc.
2007 Board of Directors

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

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

Richard Bodman
350 7th Street North
Naples, FL 34102
Director

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

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

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

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

Richard Roland, MD
350 7th Street North
Naples, FL 34102
Director

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

ATTACHMENT

40095324

H67170

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

Kevin D. Cooper
350 7th Street North
Naples, FL 34102
General Counsel/Chief of Staff

Gail A. Dolan
350 7th Street North
Naples, FL 34102
COO-North Naples Campus

Phillip C. Dutcher
350 7th Street North
Naples, FL 34102
COO-NCH Downtown Campus

Vicki D. Hale
350 7th Street North
Naples, FL 34102
CFO/Assistant Treasurer

Brian C.G. Settle
350 7th Street North
Naples, FL 34102
Chief Human Resources Officer

Carrie A. Skifton
350 7th Street North
Naples, FL 34102
Chief Nursing & Clinical Officer

Susan B. Wolff
350 7th Street North
Naples, FL 34102
Chief Information Officer