


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
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40095324



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2568104	Applied For <input type="checkbox"/> Not Applicable
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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, BETH A. 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEDEM, EDWIN J. 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORTON, EDWARD A. 350 7TH ST. N. NAPLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO WEISS, M.D., ALLEN S. 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKOVICH, JOSEPH III 350 7TH ST. N. NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice Chair/Director PERKOVICH, JOSEPH III 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" 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:  _____
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