## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## **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							PLBII BIBII BIBII	NIĞU BITI DIĞI	REEL SI EER
2. Principal P	lace of Busine	ss - No P.O. Box #	3. Mailing Ad	Idress								
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.			04232008	Chg-P	,	CR2E03	4 (12/06)	
City & State	е		City & State	<u></u> е			4. FEI Number 59-256				<b>⊢</b>	plied For t Applicable
Zip		Country	Zip	C	ountry		5. Certificate	of Status De	sired.		8.75 Add ee Required	
	6. Name a	and Address of Current	Registered Age	nt			7. Name and	l Address of	New Re	gistered A	gent	
					Name							
COOPER, 350 7TH S NAPLES, I	T. NORTH				Street Ac	taress (	P.O. Box Numb	er is Not Acc	eptable)			
TVAT EEO, I	1 1 34102										Zip Code	
					City					FL	Zip Cob	*
	named entity tions of registe	submits this statement for red agent.	or the purpose of	changing its regis	stered office or	register	red agent, or bo	oth, in the Sta	te of Flori	ida. I am la	rniliar with,	and accept
SIGNATURE	Signature, typed or	r printed name of registered agen	f and liftle if applicable.	(NC1E: Regi	stered Agent signatu	re required	d when reinstating)			DATE		
		FEE IS \$150.00 Fee will be \$550.	I _	ction Campaign F ist Fund Contributi			.00 May 8e led to Fees					
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS.	/CHANGES	TO OFFIC	CERS AND I	DIRECTORS	S (N 11
TITLE	AS		2	Delete	THTLE						☐ Change	Addition
NAME	MARTIN, B	ETH A			NAME							
STREET ADDRESS	350 7TH S	TREET N			STREET ADDRESS							
CATY-ST-ZIP	NAPLES, F	L 34102			CITY-ST-ZIP							
TITLE	D		2	S Delete	TITLE						Change	Addition
NAME	BAKER, JA	١Y			NAME							
STREET ADDRESS	350 7TH S1	TREET N			STREET ADDRESS							
CiTY-ST-ZiP	NAPLES, F	L 34102			CITY-ST-ZIP							
TITLE	STD		12	X Delete	TITLE						Change	Addition
NAME	STEDEM, E				NAME							
STREET ADDRESS	350 7TH S			<b>I</b>	SZEROCA TERETS							
CiTY-ST-ZiP	NAPLES, F	L 34102			CITY-ST-ZIP		······································	**********				
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City-Si-ZiP	350 7TH ST				CITY-ST-ZIP							
		L 34102									C Change	C Addition
TITLE NAME	VCD	CH, JOSEPH III	L		TITLE NAME						Change	Addition
STREET ADDRESS	350 7TH S				STREET ADDRESS							
CITY-ST-ZP	NAPLES, F				CITY-SI-ZIP							
TITLE	D			_	THE						☐ Change	Addition
NAME	ş —	H, PAUL MD	E.		NAME						La Change	
STREET ADDRESS	350 7TH S				STREET ADDRESS							i
City-St-ZiP	NAPLES F				CITY-ST-ZIP							•

12. Thereby 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 attachyten with an address, with all other like empowered.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

239-436-5100

**FILED** 

Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90078 007 \*\*\*150.00

40888394 ATTACHMENT # 467170

Jay Baker   Arnold S. Lerner   Sick in D. Hale	- 100000		<u> </u>
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