

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # H67170</b> 1. Entity Name <b>AMBULATORY SURGICAL CARE CENTER, INC.</b>					
Principal Place of Business <b>350 7TH STREET NORTH NAPLES, FL 34102</b>			Mailing Address <b>POB 727 NAPLES, FL 34106</b>		
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	4. FEI Number <b>59-2568104</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COOPER, KEVIN 350 7TH ST. NORTH NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, BETH A 350 7TH STREET N NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JAY 350 7TH STREET N NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEDEM, EDWIN J 350 7TH ST. NORTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MORTON, EDWARD A. 350 7TH ST. N. NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PERKOVICH, JOSEPH III 350 7TH ST. N. NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERNBACH, PAUL MD 350 7TH ST. N. NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
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: <u>KEVIN D. COOPER</u> <u>4-23-08</u> <u>239-436-5100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

40088399



04232008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

FL Zip Code

40888394

## ATTACHMENT # H67170

Jay Baker 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Arnold S. Lerner 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Vicki D. Hale 350 7 <sup>th</sup> Street North Naples, FL 34102 Assistant Treasurer/CFO
Richard Bodman 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Robert Stephenson 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Philip C. Dutcher 350 7 <sup>th</sup> Street North Naples, FL 34102 Chief Operating Officer NCH Healthcare System
William E. Bindley 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Edwin Stedem 350 7 <sup>th</sup> Street North Naples, FL 34102 Secretary/Treasurer/Director	Gail A. Dolan 350 7 <sup>th</sup> Street North Naples, FL 34102 Chief Operations Officer NCH North Naples Hospital Campus
Dan Baer 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Carl E. Westman 350 7 <sup>th</sup> Street North Naples, FL 34102 Chairman/Director	Aurora Estevez MD 350 7 <sup>th</sup> Street North Naples, FL 34102 Chief Medical Officer
Paul D. Dernbach MD 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	John M. Morrison 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Susan B. Wolff 350 7 <sup>th</sup> Street North Naples, FL 34102 Chief Information Officer
Linda Flewelling 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Joseph I. Perkovich 350 7 <sup>th</sup> Street North Naples, FL 34102 1 <sup>st</sup> Vice Chair/Director	Brian C.G. Settle 350 7 <sup>th</sup> Street North Naples, FL 34102 Chief Human Resources Officer
Thomas J. Gazdic 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Allen S. Weiss MD 350 7 <sup>th</sup> Street North Naples, FL 34102 President & CEO	
Daniel E. Gill 350 7 <sup>th</sup> Street North Naples, FL 34102 Director	Kevin D. Cooper 350 7 <sup>th</sup> Street North Naples, FL 34102 Chief of Staff/General Counsel	