

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67170

FILED
Apr 10, 2009
Secretary of State

Entity Name: AMBULATORY SURGICAL CARE CENTER, INC.

Current Principal Place of Business:

350 7TH STREET NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

POB 727
NAPLES, FL 34106

New Mailing Address:

P.O.BOX 727
NAPLES, FL 34106

FEI Number: 59-2568104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: KEVIN D. COOPER

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, JAY
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BODMAN, RICHARD
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BINDLEY, WILLIAM E
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BAER, DAN
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DERNBACH, PAUL D MD
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: FLEWELLING, LINDA
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: WESTMAN, CARL E
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: O (X) Change () Addition
Name: PERKOVICH, JOSEPH I
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: O (X) Change () Addition
Name: MORRISON, JOHN
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: O (X) Change () Addition
Name: STEDEM, EDWIN
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: PCEO (X) Change () Addition
Name: WEISS, ALLEN S MD
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

Title: COS (X) Change () Addition
Name: COOPER, KEVIN D
Address: 350 7 ST N
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN D. COOPER

MR.

04/10/2009

Electronic Signature of Signing Officer or Director

Date