

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L61051**

1. Entity Name  
**ALPHA AMBULATORY SURGERY, INC.**



Principal Place of Business  
**2160 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32308**

Mailing Address  
**POST OFFICE BOX 13029  
TALLAHASSEE, FL 32317**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3067433**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KNOWLES, HAROLD M.  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	DP
NAME	MOORE, ISAAC
STREET ADDRESS	3908 BOBBIN BROOK CIR
CITY - ST - ZIP	TALLAHASSEE, FL 323121238

TITLE	DST
NAME	JETER, GLORIA
STREET ADDRESS	4522 GLENLEA COMMONS DR
CITY - ST - ZIP	CHARLOTTE, NC 28217

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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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:** *Isaac Moore* **Isaac Moore, M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-12-07 (850) 385-0033**

Date

Daytime Phone #