

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3067433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000870174  
04/09/08-80079-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 385-0033