

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61051

FILED
Feb 19, 2009
Secretary of State

Entity Name: ALPHA AMBULATORY SURGERY, INC.

Current Principal Place of Business:

2160 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 13029
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3067433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOORE, ISAAC
Address: 3908 BOBBIN BROOK CIR
City-St-Zip: TALLAHASSEE, FL 323121238

Title: DST () Delete
Name: JETER, GLORIA
Address: 4522 GLENLEA COMMONS DR
City-St-Zip: CHARLOTTE, NC 28217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ISAAC MOORE

DP

02/19/2009

Electronic Signature of Signing Officer or Director

Date