2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# L61051

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: ISAAC MOORE DP 02/09/2012

Electronic Signature of Signing Officer or Director Date