

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39378

FILED
Jan 07, 2011
Secretary of State

Entity Name: FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS, INC.

Current Principal Place of Business:

1990 VILLAGE GREEN WAY
SUITE # 1
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1400 VILLAGE SQUARE BLVD.
#3-175
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3033878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOHRENGEL, PETER
1400 VILLAGE SQUARE BLVD.
#3-175
TALLAHASSEE, FL 32312 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: S
Name: BURDEN, NANCY
Address: 8787 BYRAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: P
Name: HARBIN, CAROL
Address: 17525 SW 245 TERR
City-St-Zip: HOMESTEAD, FL 33031

Title: T
Name: BRUENER, JEFF
Address: 4220 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER LOHRENGEL

D

01/07/2011

Electronic Signature of Signing Officer or Director

Date