2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N97000004822

Entity Name: ORMOND BEACH AMBULATORY SURGICAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

300 CLYDE MORRIS BOULEVARD
SUITE B
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

300 CLYDE MORRIS BOULEVARD
SUITE B
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3504153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 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:	DVP	( ) Delete
Name:	DHAND, ARUN MD	
Address:	300 CLYDE MORRIS BLVD. SUITE A	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	DST	( ) Delete
Name:	RINER, MARK MD	
Address:	300 CLYDE MORRIS BLVD. SUITE A	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	DP	( ) Delete
Name:	MORROW, BERT MD	
Address:	300 CLYDE MORRIS BLVD. SUITE C	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	PARR, GREGORY MD	
Address:	300 CLYDE MORRIS BLVD. SUITE C	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERT MORROW, MD DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date