

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071549

Entity Name: ALLIED SURGICAL CENTERS, INC.

FILED  
May 11, 2006  
Secretary of State

## Current Principal Place of Business:

150 S ANDREWS AVE STE 201  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

150 S ANDREWS AVE STE 201  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 65-1075427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEBDING, PAMELA  
150 SW 12TH AVE  
SUITE 200  
POMPANO BEACH, FL 33069 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: BEEBE, JOHN W  
Address: 150 S ANDREWS AVE STE 201  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DT ( ) Delete  
Name: BERNSTEIN, ROBERT  
Address: 150 S ANDREWS AVE STE 201  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete  
Name: HEBDING, PAMELA  
Address: 150 SW 12TH AVE STE 200  
City-St-Zip: POMPANO BEACH, FL 33069

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA HEBDING

VP

05/11/2006

Electronic Signature of Signing Officer or Director

Date