2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004
Secretary of State

DOCUMENT# P00000080234

Entity Name: PEDIATRIC SURGERY CENTERS, INC.

Current Principal Place of Business:

250 MIRROR LAKE DR N
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

250 MIRROR LAKE DR N
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3673046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBBS, ROBERT L
250 MIRROR LAKE DR
SAINT PETERSBURG, FL 33701 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: D (X) Delete
Name: DOBBS, ROBERT L
Address: 250 MIRROR LAKE DR N
City-St-Zip: ST PETERSBURG, FL 33701

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P/D ( ) Change (X) Addition
Name: ANDREWS, THOMAS MD
Address: 801 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: T/D ( ) Change (X) Addition
Name: OROBELLO, PETER MD
Address: 801 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VP/D ( ) Change (X) Addition
Name: CRESSMAN, WADE MD
Address: 801 6TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

Title: S/D ( ) Change (X) Addition
Name: VAUGHN, GLENN MD
Address: 801 6TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENN VAUGHN MD S/D 05/12/2004

Electronic Signature of Signing Officer or Director — Date