2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000052148

1. Entity Name
ASC MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1325 SAN MARCO BLVD, SUITE 701 JACKSONVILLE, FL 32207	1325 SAN MARCO BLVD, SUITE 701 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3729772
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARF, MICHAEL S
1325 SAN MARCO BLVD, SUITE 701
JACKSONVILLE, FL 32207

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000796948
01/29/08-80053-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHARF, MICHAEL S
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 701
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	LUCIE, R STEPHEN
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 701
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	KITAY, GARRY
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 701
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	TANDRON, CARLOS R
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 701
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ _____ 1/7/08 904 858-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #