2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT	1014	FILED	
DOCUMENT # P0100068792 1. Entity Name PHYSICIAN'S CHOICE SURGERY CENTER CONSULTANTS, INC.				O7 OCT 11 PM 1:17 SECTOR STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			- 4		
1435 DIVISION AVE. OCOEE, FL 34761		100 W CORE STREET STE-405- P.O. BIX ORLANDO, FL 32806 1547			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BUX 1547			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Windermere M		07122007 Chg-P CR2E034 (12/06)	
City & State		City & State 3 4 786	USA	4. FEI Number Applied For 59-3732055 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	3: Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	
HUNTER, FAIRICK III			HUNTAR, Potrul II Address (P.O. Box Number is Not Acceptable)		
100 W. GORE ST, STE. 405 ORLANDO, FL 32806			2liest W	21 Columbia Street	
			0:12	Suite 10)	
			City O	r/mdv FL Zip Code 32806	
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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, PATRICK T II 100 W. GORE ST., STE. 405 ORLANDO, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS GTY-ST-ZIP	Matthew Hurbanis Deans A Monthson 526 Ococe Commerce PKWY	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D ANDERSON, AXEL W IV 100 W. GORE ST., STE. 405 ORLANDO, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D COX, WILLIAM K 596 OCEE COMMERCE PKWY OCOEE, FL. 34761	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIN, JORGE L 10000 W. COLONIAL DR., STE. OCOEE, FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT O	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWICKI, KEVIN 731 E. HWY. 50 CLERMONT, FL 34711	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SMITH, RICHARD C 10000 W. COLONIAL DR., STE. OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 addless, with all other like empowered.					
SIGNATURE:					

- Division of Corporation 2670 Executive Center Circle
- Suite 100
 Tallahassee, Fl. 32301

Dear Mr. Hunt,

Enclosed is \$150.00, as discussed on October 4, 2007. The filing notice for Physician's Choice Surgery Center Consultants was not received due to a change in location of the Registered Agent from:

100 W. Gore St. Suite 405 Orlando, Fl. 32806

To:

21 Columbia St. Suite 101 Orlando, Fl. 32806

The mailing address also changed from:

100 W. Gore St. Suite 405 Orlando, Fl. 32806

To:

PO Box 1547 Windermere, Fl. 34786

Please delete Matthew Hurbanis as an officer.

I nank-you,

Angela Williams
HC Surgery Center Director

Representative for PCSCC, Inc.

Dr. Patrick T. Hunter, II