


2008 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P01000068792 1. Entity Name PHYSICIAN'S CHOICE SURGERY CENTER CONSULTANTS, INC.	
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Principal Place of Business 1435 DIVISION AVE. OCOE, FL 34761	Mailing Address P.O. BOX 1547 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HUNTER, PATRICK T II 21 COLUMBIA STREET STE 101 ORLANDO, FL 32806

FILED
Jul 29, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3732055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

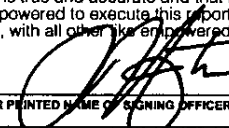
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, PATRICK T II 100 W. GORE ST., STE. 405 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, AXEL W IV 100 W. GORE ST., STE. 405 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, WILLIAM K 596 OCEE COMMERCE PKWY OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIN, JORGE L 10000 W. COLONIAL DR., STE. 288 OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWICKI, KEVIN 731 E. HWY. 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RICHARD C 10000 W. COLONIAL DR., STE. 496 OCOE, FL 34761

U00000956624
07/29/08-80002-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **7/15/08 407831115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #