

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068792

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** PHYSICIAN'S CHOICE SURGERY CENTER CONSULTANTS, INC.

**Current Principal Place of Business:**

1435 DIVISION AVE.  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1547  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 59-3732055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNTER, PATRICK T II  
226 WEST MICHIGAN ST  
ORLANDO, FL 32806 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HUNTER, PATRICK T II  
Address: 226 WEST MICHIGAN ST.  
City-St-Zip: ORLANDO, FL 32806

Title: DV  
Name: HURBANIS, MATTHEW  
Address: 596 OCEE COMMERCE PKWY  
City-St-Zip: OCOEE, FL 34761

Title: DV  
Name: COX, WILLIAM K  
Address: 596 OCEE COMMERCE PKWY  
City-St-Zip: OCOEE, FL 34761

Title: DV  
Name: FLORIN, JORGE L  
Address: 10000 W. COLONIAL DR., STE. 288  
City-St-Zip: OCOEE, FL 34761

Title: DT  
Name: NOWICKI, KEVIN  
Address: 731 E. HWY. 50  
City-St-Zip: CLERMONT, FL 34711

Title: DS  
Name: SMITH, RICHARD C  
Address: 10000 W. COLONIAL DR., STE. 496  
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: PATRICK T. HUNTER, M.D.

DP

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date