

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000086615

1. Entity Name
**ATLANTIC SURGERY CENTER OF JACKSONVILLE
BEACH, INC.**



Principal Place of Business
1361 13TH AVENUE SOUTH, STE 130
JACKSONVILLE BCH, FL 32250

Mailing Address
1361 13TH AVENUE SOUTH, STE 130
JACKSONVILLE BCH, FL 32250



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TRIMAS, SCOTT
1361 13TH AVENUE SOUTH, STE 130
JACKSONVILLE BCH, FL 32250

**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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000594836

01/23/07-80016-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME TRIMAS, SCOTT
STREET ADDRESS 1361 13TH AVENUE SOUTH, STE 130
CITY-ST-ZIP JACKSONVILLE BCH, FL 32250

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/06 904-249-2000