2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109380

Entity Name: VENTURE ASC, INC.

FILED Jul 06, 2004 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	. 2ND AVE ST IAMI BEACH,						
Current Mailing Address:				New Mailing Address:			
	. 2ND AVE ST IAMI BEACH,						
FEI Number	: 62-1648269	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Des	sired()
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Registered Agen	t:
MENKHAUS, DAVID J ESQ 2424 NORTH FEDERAL HWY STE 456 BOCA RATON, FL 33431 US				MENKHAUS, DAVID J ESQ 1900 GLEADES RD. ST 401 BOCA RATON, FL 33431 US			
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing it	ts registered	office or registered age	nt, or both,
SIGNATURE:				07/06/2004			
	Electron	nic Signature of Registered Age	ent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip:	CARP, MARC 16853 N.E. 2N) Delete D AVE STE 400 BEACH, FL 33162		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLOOM, MIKE 16853 N.E. 2N) Delete D AVE STE 400 BEACH, FL 33162		Title: Name: Address: City-St-Zip:	BLOOM, MICH 16853 N.E. 2N	X) Change()Addition HAEL ND AVE STE 400 I BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	BASSAM, ISAA 16853 N.E. 2N) Delete C D AVE STE 400 BEACH, FL 33162		Title: Name: Address: City-St-Zip:	BASSAM, ISSA 16853 N.E. 2N	X) Change()Addition AC ND AVE STE 400 I BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	GEDALLOVICH 16853 N.E. 2N) Delete I, MILTON D AVE STE 400 BEACH, FL 33162		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOVAID, GORI 16853 N.E. 2N) Delete DON D AVE STE 400 BEACH, FL 33162		Title: Name: Address: City-St-Zip:	SOUAID, GOR 16853 N.E. 2N	X) Change () Addition RDON ND AVE STE 400 I BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (NULLMAN, AN 16853 NE 2 AV NMB, FL 3316	VE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARC CARP D 07/06/2004

ROMAN, RICARDO M.D. 16853 NE 2 AVE ST. 400 NMB, FL. 33162

NEUSTATER, BRETT M.D. 16853 NE 2 AVE. ST. 400 NMB, FL. 33162

FELDER, LEWIS M.D. 16853 NE 2 AVE ST. 400 NMB, FL. 33162

MOSKOWITZ, JEROME M.D. 16853 NE 2 AVE. ST. 400 NMB, FL. 33162

COHEN, JACK, M.D. 16853 NE 2 AVE. ST . 400 NMB, FL. 3162