

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109380

FILED
Feb 23, 2011
Secretary of State

Entity Name: VENTURE ASC, INC.

Current Principal Place of Business:

16853 N.E. 2ND AVE STE 400
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16853 N.E. 2ND AVE STE 400
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 62-1648269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, EULALIA
16853 NE 2ND AVE
SUITE 400
NORTH MIAMI BEACH, FL 33162 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: DR
Name: CARP, MARC
Address: 16853 N.E. 2ND AVE STE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR
Name: BLOOM, MICHAEL
Address: 16853 N.E. 2ND AVE STE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR
Name: BASSAM, ISSAC
Address: 16853 N.E. 2ND AVE STE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR
Name: GEDALLOVICH, MILTON
Address: 16853 N.E. 2ND AVE STE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR
Name: SOUAID, GORDON
Address: 16853 N.E. 2ND AVE STE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DR
Name: NULLMAN, ANDREW
Address: 16853 NE 2 AVE
City-St-Zip: NMB, FL 33162

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: MARC CARP

D

02/23/2011

Electronic Signature of Signing Officer or Director

_____ Date