

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005211

FILED
Apr 27, 2007
Secretary of State

Entity Name: THE PONTE VEDRA BEACH SURGERY CENTER, INC.

Current Principal Place of Business:

1030 A1A NORTH
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1030 A1A NORTH
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 94-3416697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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: KEVIN R. ROBERTS

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, JOHN B MD
Address: 1030 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: HARRIS, TAMARA K
Address: 1030 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HARRIS, JOHN B MD
Address: 1030 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVPS (X) Change () Addition
Name: HARRIS, TAMARA K
Address: 1030 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN B. HARRIS, M.D.

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04/27/2007

Electronic Signature of Signing Officer or Director

Date