
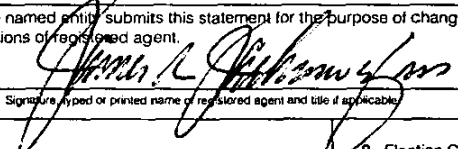
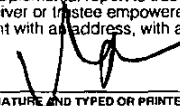


FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90128 010 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

50034364

DOCUMENT # P02000013687					
1. Entity Name ALL SAINTS SURGERY CENTER, INC.					
Principal Place of Business 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613			Mailing Address 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 03-0392190				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 3/17/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACIOPPO, LEONARD 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACHIMOWICZ, JAMES 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, THOMAS 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZYDLOWSKI, WALTER 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLATAU, ARTHUR 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARINO, MICHAEL 11377 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			4/14/05 (382) 547-3060 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					