

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013687

FILED
Mar 31, 2006
Secretary of State

Entity Name: ALL SAINTS SURGERY CENTER, INC.

Current Principal Place of Business:

11377 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

11377 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 03-0392190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NOLAN, MICHAEL J
201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 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: MICHAEL J. NOLAN

03/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CACIOPPO, LEONARD
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: JACHIMOWICZ, JAMES
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: WARD, THOMAS
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: SZYDLOWSKI, WALTER
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: FLATAU, ARTHUR
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: GUARINO, MICHAEL
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL GUARINO

D

03/31/2006

Electronic Signature of Signing Officer or Director

Date