2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# P02000013687

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:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: MOSS, STEVEN
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

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

Title: D
Name: GANTI, KRISHNA
Address: 11377 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

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: JAMES JACHIMOWICZ MD 01/07/2010

Electronic Signature of Signing Officer or Director — Date