2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P02000074431

1. Entity Name
ADVANCED SURGERY CENTER, INC.

Principal Place of Business
10900 SE 174TH PLACE
SUMMERFIELD, FL 34491

Mailing Address
10900 SE 174TH PLACE
SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
46-0500493

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COWIN, RICHARD M
10900 SE 174TH PLACE
SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	COWIN, RICHARD M
STREET ADDRESS	10900 SE 174TH PLACE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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02/20/07-80044-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2/8/07 352.245.9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #