

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108356

FILED
Feb 25, 2009
Secretary of State

Entity Name: PORT ORANGE ENDOSCOPY & SURGERY CENTER, INC.

Current Principal Place of Business:

1185 DUNLAWTON AVENUE
SUITE 100
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

550 MEMORIAL CIRCLE
UNIT H
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-1388947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEESE, DAVID L MD
550 MEMORIAL CIRCLE
UNIT H
ORMOND BEACH, FL 32174 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 () Delete
Name: MEESE, DAVID L MD
Address: 577 N. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: TOLLAND, J. TIMOTHY MD
Address: 5 BROADRIVER ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: WILLIAMS, KATHLEEN MD
Address: 845 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: RITTER, ANDREW H MD
Address: 24 IRIQUOIS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: DAVID L MEESE MD

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date