2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

DOCUMENT# P04000108356

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

OFFICERS AND DIRECTORS:

Title: D
Name: MEESE, DAVID L MD
Address: 577 N. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

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: DAVID L MEESE, MD D 02/03/2011
Electronic Signature of Signing Officer or Director Date