2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162556

FILED Jan 28, 2008 Secretary of State

Entity Name: AMBULATORY SURGERY CENTER OF BOCA RATON GP, INC.

Current Principal Place of Business: New Principal Place of Business: 9960 CENTRAL PARK BOULEVARD SOUTH 1905 CLINT MOORE ROAD SUITE 302 SUITE 300 BOCA RATON, FL 33428 BOCA RATON, FL 33496 US New Mailing Address: **Current Mailing Address:** 1905 CLINT MOORE ROAD 9960 CENTRAL PARK BOULEVARD SOUTH SUITE 302 SUITE 300 BOCA RATON, FL 33428 BOCA RATON, FL 33496 US FEI Number: 20-2386697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HOPKINS, EDWARD J ESQ. AHRON, BARRY 2790 N FEDERAL HIGHWAY ONE NORTH CLEMATIS STREET SUITE 500 SUITE 400 WEST PALM BEACH, FL 33401 US BOCA RATON, FL 33431 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: BARRY AHRON 01/28/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROSENTHAL, KENNETH Name: Name: 9960 CENTRAL PARK BLVD. SOUTH #302 Address: Address: City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: KESSLER, KEVIN Address: Address: 4800 N FEDERAL HIGHWAY FORT LAUDERDALE, FL 33411 City-St-Zip: 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: KENNETH ROSENTHAL D 01/28/2008