

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007821

FILED  
May 11, 2010  
Secretary of State

Entity Name: SURGERY CENTER SOLUTIONS, INC.

**Current Principal Place of Business:**

925 WILLISTON PARK POINT  
SUITE 1001  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

925 WILLISTON PARK POINT  
SUITE 1001  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 20-8289022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANCH, MICHAEL E  
925 WILLISTON PARK POINT  
1001  
LAKE MARY, FL 32746 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRANCH, MICHAEL E  
Address: 925 WILLISTON PARK PT STE 1001  
City-St-Zip: LAKE MARY, FL 32746

Title: T  
Name: BRANCH, MICHAEL E  
Address: 925 WILLISON PK PT #1001  
City-St-Zip: LAKE MARY, FL 32746

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: MICHAEL E BRANCH

P

05/11/2010

Electronic Signature of Signing Officer or Director

Date