2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P93000079168

Entity Name: PHYSICIANS AMBULATORY SURGERY CENTER, INC.

Current Principal Place of Business:

300 CLYDE MORRIS BLVD.
SUITE B
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

300 CLYDE MORRIS BLVD.
SUITE B
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3216499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORROW, BERT M
300 CLYDE MORRIS BLVD SUITE C
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:	T	( ) Delete
Name:	DHAND, ARUN K MD	
Address:	300 CLYDE MORRIS BLVD STE A	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	C	( ) Delete
Name:	MORROW, BERT M MD	
Address:	300 CLYDE MORRIS BLVD SUITE C	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VC	( ) Delete
Name:	RINER, MARK A MD	
Address:	300 CLYDE MORRIS BLVD SUITE A	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	S	( ) Delete
Name:	PARR, GREG A MD	
Address:	300 CLYDE MORRIS BLVD STE C	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	(X) Delete
Name:	WILDER, JOEL M RN	
Address:	300 CLYDE MORRIS BLVD SUITE B	
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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG A PARR, MD S 01/06/2004

Electronic Signature of Signing Officer or Director — Date