FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028703 (4)

1. Corporation Name

PREMIER AMBULATORY SURGERY OF VENICE, INC.

Principal Place of Business	Mailing Address
600 NOKOMIS AVENUE SOUTH SUITE 102 VENICE FL 34285	221 E. WALNUT ST. SUITE 210 PASADENA CA 91105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 94-3203015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZASA, JOSEPH S
681 GOODLETTE ROAD NORTH
SUITE 140
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Zasa, Joseph S.
82 Street Address (P.O. Box Number is Not Acceptable): 600 Nokomis Avenue South
83: Suite 102
84 City: Venice FL 85 Zip Code: 34285

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE: Joseph S. Zasa DATE: 3/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	President	☐ Change ☒ Addition
NAME		1.2 NAME	Robert J. Zasa	
STREET ADDRESS		1.3 STREET ADDRESS	221 East Walnut Street #210	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pasadena, CA 91101	
TITLE		2.1 TITLE	V.P. - T.S.	☐ Change ☒ Addition
NAME		2.2 NAME	Paul P. Stemler	
STREET ADDRESS		2.3 STREET ADDRESS	221 East Walnut Street #210	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pasadena, CA 91101	
TITLE		3.1 TITLE	Asst. S	☐ Change ☒ Addition
NAME		3.2 NAME	Joseph S. Zasa	
STREET ADDRESS		3.3 STREET ADDRESS	221 East Walnut Street #210	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pasadena, CA 91101	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Joseph S. Zasa 3/13/95 (813)568-3320
SIGNATURE AND TITLE OF PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402760 FP