

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000043064

1. Entity Name
SURGICARE OF DELAND, INC.



Principal Place of Business
40 BURTON HILLS BLVD
SUITE 400
NASHVILLE, TN 37215 US

Mailing Address
40 BURTON HILLS BLVD
SUITE 400
NASHVILLE, TN 37215 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2549326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000148531
05/03/04-80150-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NEAL, CHARLES T
40 BURTON HILLS BLVD., STE. 500
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
BRANK, RONALD L
40 BURTON HILLS BLVD., STE. 500
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WEBB, WILLIAM V.B.
40 BURTON HILLS BLVD., STE. 500
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADLERZ, CLIFFORD G
40 BURTON HILLS BLVD., STE. 500
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNEDY, R.DALE
40 BURTON HILLS BLVD., STE. 500
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MITCHELL, KENNETH C
40 BURTON HILLS BLVD., STE. 500
NASHVILLE, TN 37215

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth C Mitchell Kenneth C Mitchell 4/28/04 615-234-5900