

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043064

FILED
Apr 16, 2009
Secretary of State

Entity Name: SURGICARE OF DELAND, INC.

Current Principal Place of Business:

40 BURTON HILLS BLVD
SUITE 400
NASHVILLE, TN 37215 US

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD
SUITE 400
NASHVILLE, TN 37215 US

New Mailing Address:

FEI Number: 75-2549326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P/D () Delete
Name: ADLERZ, CLIFFORD G
Address: 40 BURTON HILLS BLVD., STE. 500
City-St-Zip: NASHVILLE, TN 37215 US

Title: A.S. () Delete
Name: BRANK, RONALD L
Address: 40 BURTON HILLS BLVD., STE. 500
City-St-Zip: NASHVILLE, TN 37215

Title: A.S. () Delete
Name: NAISH, DARRELL
Address: 40 BURTON HILLS BLVD., STE. 500
City-St-Zip: NASHVILLE, TN 37215

Title: S/D () Delete
Name: KENNEDY, R.DALE
Address: 40 BURTON HILLS BLVD., STE. 500
City-St-Zip: NASHVILLE, TN 37215 US

Title: V/D () Delete
Name: MITCHELL, KENNETH C
Address: 40 BURTON HILLS BLVD., STE. 500
City-St-Zip: NASHVILLE, TN 37215 US

Title: V () Delete
Name: SPARKS, TERESA F
Address: 40 BURTON HILLS BLVD, STE 500
City-St-Zip: NASHVILLE, TN 37215

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:

Title: () Change () Addition
Name:
Address:
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: TERESA SPARKS

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date