2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000094926

1. Entity Name
MELBOURNE ASC, INC.

Principal Place of Business	Mailing Address
1400 PINE STREET	1400 PINE STREET
SUITE B	SUITE B
MELBOURNE, FL 32901 US	MELBOURNE, FL 32901 US

DO NOT WRITE IN THIS SPACE

03032006   No Chg-P   CR2E034 (11/05)

4. FEI Number | Applied For
59-3369788 | Not Applicable

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

6. Name and Address of Current Registered Agent

TURSE, JOHN C M.D.
1400 PINE STREET
SUITE B
MELBOURNE, FL 32901

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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, 2006 Fee will be $550.00

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

U00000485581
04/12/06-80088-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	OPS
NAME	TURSE, JOHN C M.D.
STREET ADDRESS	1400 PINE STREET, SUITE B
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____ JOHN C. TURSE   3/25/06   321-952-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #