2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # P95000094926 1. Entity Name MELBOURNE ASC, INC.					03-24-2008 90065 026 ***150.00				
Origoinal Place	of Business	Mailing Address			√ ~~				
Principal Place of Business Mailing Address 1400 PINE STREET 1400 PINE STREET					-				
SUITE B SUITE B				•					
MELBOURNE,	FL 32901 US	MELBOURNE, FL 3290	01 US	•	<u> </u>				
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012008	Chg-P	CR2E034 (1	2/06)	
City & State		City & State			4. FEI Number 59-3369	788			lied For Applicable
Zip	Country	Zip	Country		5. Certificate of			5 Addit	ional
	6. Name and Address of Curren	Registered Agent	<u> </u>		7 Name and A	ddress of New R		 	
TURSE IC		rogistores regent		Name	r. name and A	duress of New N	egistered Agent		
TURSE, JOHN C M.D. 1400 PINE STREET SUITE B				Street Address	(P.O. Box Number	is Not Acceptable	e)		
MELBOURNE, FL 32901									
				City FL Zip Code				(
8. The above	named entity submits this statement	or the purpose of changing its	s register	ed office or regist	ered agent, or both	in the State of Flo	orida. I am famili	ar with, a	and accept
the obligati	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agei	nt and title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinstating)	· ·	DATE		
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FILI After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cor			5.00 May Be dded to Fees				
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFF	ICERS AND DIR	FCTORS	IN 11
TITLE	DPS	☐ Delete	11.		DPS			Change	Addition
NAME	TURSE, JOHN C M.D.		NAM		rurse, Jo	. بر ج لس	0		—
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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

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