

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017306

FILED
Apr 09, 2009
Secretary of State

Entity Name: NORTH FLORIDA SURGERY CENTER, INC.

Current Principal Place of Business:

256 PROFESSIONAL GLEN
LAKE CITY, FL 32025 US

New Principal Place of Business:

256 PROFESSIONAL GLEN
SUITE 101
LAKE CITY, FL 32025 US

Current Mailing Address:

PO BOX 3306
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3377918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E
201 E. PINE ST.
SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DAVIS, JULIE RN
256 SW PROFESSIONAL GLEN
SUITE 101
LAKE CITY, FL 32025 US

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: JULIE DAVIS

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FAISAL, MOHAMMED
Address: 256 PROFESSIONAL GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: DST () Delete
Name: REICHERT, JILL
Address: 1615 SOUTHWEST MAIN BOULEVARD
City-St-Zip: LAKE CITY, FL 32025

Title: DP () Delete
Name: REICHERT, RICHARD
Address: 256 PROFESSION GLEN
City-St-Zip: LAKE CITY, FL 32025

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:

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: MOHAMMED FAISAL

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date