

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000017306

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA SURGERY CENTER, INC.

**Current Principal Place of Business:**

256 PROFESSIONAL GLEN  
SUITE 101  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

DOUBERLY, VIVIAN  
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: VIVIAN DOUBERLY

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FAISAL, MOHAMMAD MD  
Address: 256 PROFESSIONAL GLEN  
City-St-Zip: LAKE CITY, FL 32025

Title: ST  
Name: ROSADO, RICARDO MD  
Address: 1615 SOUTHWEST MAIN BOULEVARD  
City-St-Zip: LAKE CITY, FL 32025

Title: DVP  
Name: REICHERT, RICHARD MD  
Address: 256 PROFESSION GLEN  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: MOHAMMAD A. FAISAL, MD

DP

02/22/2011

Electronic Signature of Signing Officer or Director

Date