

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051729

FILED
Feb 20, 2006
Secretary of State

Entity Name: LAKE CITY AMBULATORY SURGERY CENTER, INC.

Current Principal Place of Business:

404 NW HALL OF FAME
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

404 NW HALL OF FAME
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 59-3425149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, RICHARD L
602 HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

WRIGHT, RICHARD L
404 HALL OF FAME DRIVE
LAKE CITY, FL 32055 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:

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: WRIGHT, RICHARD L M.D.
Address: 602 HALL OF DRIVE
City-St-Zip: LAKE CITY, FL

Title: PTD () Delete
Name: STRAUSS, GUY S D.O.
Address: 602 HALL OF DRIVE
City-St-Zip: LAKE CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: WRIGHT, RICHARD L M.D.
Address: 404 HALL OF DRIVE
City-St-Zip: LAKE CITY, FL

Title: PTD (X) Change () Addition
Name: STRAUSS, GUY S D.O.
Address: 404 HALL OF DRIVE
City-St-Zip: LAKE CITY, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY LOVELACE

CEO

02/20/2006

Electronic Signature of Signing Officer or Director

Date