2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071390

Entity Name: BEVERLY HILLS SURGERY CENTER, INC.

FILED Jan 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3470 N LECANTO HWY

BEVERLY HILLS, FL 34465 US

Current Mailing Address: New Mailing Address:

3470 N LECANTO HWY

BEVERLY HILLS, FL 34465 US

FEI Number: 59-3398278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIXON, KEVIN ESQ.

320 HIGHWAY 41 S.

INVERNESS, FL 34451 US

VAN TASSELL, TAMARA
3470 N LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 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: TAMARA A VAN TASSELL 01/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: P (X) Change () Addition Name: DEGRAW, JOHN R M.D. Name: DEGRAW, JOHN R M.D.

Name:DEGRAW, JOHN R M.D.Name:DEGRAW, JOHN R M.D.Address:3470 NORTH LECANTO HIGHWAYAddress:3909 N LECANTO HIGHWAYCity-St-Zip:BEVERLY HILLS, FL 34465City-St-Zip:BEVERLY HILLS, FL 34465

Name: BAYS, MICHAEL D Name: BAYS, MICHAEL D

Address: 3470 NORTH LECANTO HIGHWAY
City-St-Zip: BEVERLY HILLS, FL 34465
Address: 3905 N LECANTO HIGHWAY
City-St-Zip: BEVERLY HILLS, FL 34465
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL D BAYS VP 01/23/2004