

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P98000001842**

1. Entity Name  
**SURGERY CENTERS OF BREVARD, INC.**



Principal Place of Business  
**95 BULLDOG BLVD.  
SUITE 100  
MELBOURNE, FL 32901**

Mailing Address  
**95 BULLDOG BLVD.  
SUITE 100  
MELBOURNE, FL 32901**



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3485502</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KANCILLIA, JOHN R ESQ.  
1686 WEST HIBISCUS BLVD.  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANCILIA, JOHN R ESQ. 1686 WEST HIBISCUS BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEMINER, SCOTT 95 BULLDOG BLVD., #100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELIGDISH, CRAIG 95 BULLDOG BLVD STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000462602  
03/21/06-80042-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/06*  
Date

Daytime Phone #