

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001842

FILED
Jan 05, 2010
Secretary of State

Entity Name: SURGERY CENTERS OF BREVARD, INC.

Current Principal Place of Business:

95 BULLDOG BLVD.
SUITE 100
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

95 BULLDOG BLVD.
SUITE 100
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3485502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R ESQ.
1795 W. NASA BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FITZGERALD, STEPHEN MD
Address: 95 BULLDOG BLVD., #100
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: CLEVENS, ROSS A MD
Address: 95 BULLDOG BLVD., #100
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: DELIGDISH, CRAIG K MD
Address: 95 BULLDOG BLVD, SUITE #100
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: BADOLATO, CRAIG MD
Address: 95 BULLDOG BLVD, SUITE #100
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: PATEL, JASHBHAI MD
Address: 95 BULLDOG BLVD, SUITE #100
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: MENDOLLA, MARK MD
Address: 95 BULLDOG BLVD, SUITE #100
City-St-Zip: MELBOURNE, FL 32901

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: ROSS A CLEVENS, MD

D

01/05/2010

Electronic Signature of Signing Officer or Director

Date