2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P98000008468

Entity Name: MUSCULOSKELETAL AMBULATORY SURGERY CENTER, INC.

Current Principal Place of Business:

6015 POINTE W BLVD
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

6015 POINTE W BLVD
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0829385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEEDHAM, JAMES
6015 POINTE WEST BLVD.
BRADENTON, FL 34209 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: P ( ) Delete
Name: FARINO, GREGORY C
Address: 6015 POINTE W BLVD
City-St-Zip: BRADENTON, FL 34209

Title: VP ( ) Delete
Name: LAMAR, DANIEL
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: T ( ) Delete
Name: NEEDHAM, JAMES
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: S/MD ( ) Delete
Name: BROWN, LORA
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES NEEDHAM TREA 03/27/2009

Electronic Signature of Signing Officer or Director — Date