## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000008468

FILED Feb 27, 2012 Secretary of State

Entity Name: MUSCULOSKELETAL AMBULATORY SURGERY CENTER, INC.

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

6015 POINTE W BLVD BRADENTON, FL 34209

Current Mailing Address: New Mailing Address:

6015 POINTE W BLVD BRADENTON, FL 34209

FEI Number: 65-0829385 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:

BLALOCK WALTERS , P.A. 802 11TH STREET WEST BRADENTON, FL 34205 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PSTE

Name: KUMAR, AVINASH G M.D. Address: 6015 POINTE W BLVD City-St-Zip: BRADENTON, FL 34209

Title:

Name: BUNDSCHU, RICHARD H M.D.
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: D

 Name:
 SCHAFER, STEVEN M.D.

 Address:
 6015 POINTE WEST BLVD

 City-St-Zip:
 BRADENTON, FL 34209

Title:

 Name:
 VALADIE, ARTHUR L M.D.

 Address:
 6015 POINTE WEST BLVD

 City-St-Zip:
 BRADENTON, FL 34209

Title: COO

Name: STEWARTSON, SHANNON Address: 6015 POINTE WEST BLVD City-St-Zip: BRADENTON, FL 34209

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: ARTHUR L VALADIE, M.D. D 02/27/2012