

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022080

FILED
Sep 15, 2004
Secretary of State

Entity Name: AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.

Current Principal Place of Business:

40 BURTON HILLS BLVD.
SUITE 500
NASHVILLE, TN 37215 US

New Principal Place of Business:

Current Mailing Address:

40 BURTON HILLS BLVD.
SUITE 400
NASHVILLE, TN 37215 US

New Mailing Address:

FEI Number: 62-1732315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: WEBB, WILLIAM V
Address: 40 BURTON HILLS BLVD. #500
City-St-Zip: NASHVILLE, TN 37215

Title: VS () Delete
Name: BRANK, RON
Address: 40 BURTON HILLS BLVD. #500
City-St-Zip: NASHVILLE, TN 37215

Title: D () Delete
Name: ADLERZ, CLIFFORD G
Address: 40 BURTON HILLS BLVD. #500
City-St-Zip: NASHVILLE, TN 37215

Title: P () Delete
Name: NEAL, CHARLES T
Address: 40 BURTON HILLS BLVD. #500
City-St-Zip: NASHVILLE, TN 37215

Title: D () Delete
Name: KENNEDY, R. DALE
Address: 40 BURTON HILLS BLVD. #500
City-St-Zip: NASHVILLE, TN 37215

Title: VPD () Delete
Name: MITCHELL, KENNETH C
Address: 40 BURTON HILLS BLVD. #500
City-St-Zip: NASHVILLE, TN 37215

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:

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 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: KENNETH C MITCHELL

VP

09/15/2004

Electronic Signature of Signing Officer or Director

Date