

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022080

FILED  
Apr 18, 2008  
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:

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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: A.S. ( ) Delete  
Name: NAISH, DARRELL  
Address: 40 BURTON HILLS BLVD. #500  
City-St-Zip: NASHVILLE, TN 37215

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

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

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

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

Title: V ( ) Delete  
Name: STANLEY, GREGG A  
Address: 40 BURTON HILLS BLVD, STE 500  
City-St-Zip: NASHVILLE, TN 37215

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: SPARKS, TERESA F  
Address: 40 BURTON HILLS BLVD. #500  
City-St-Zip: NASHVILLE, TN 37215

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 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: TERESA SPARKS

VP

04/18/2008

Electronic Signature of Signing Officer or Director

Date