2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ST. LUCIE SURGICAL CENTER, P.A.

Current Principal Place of Business:

1300 N LAWNWOOD CIRCLE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1300 N LAWNWOOD CIRCLE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0899311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATTA, JOSEPH J M.D.
1300 N. LAWNWOOD CIR.
FT. PIERCE, FL 34950 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

OFFICERS AND DIRECTORS:

Title: DVT
Name: KATTA, JOSEPH J M.D.
Address: 1900 NEBRASKA AVE., STE. 5
City-St-Zip: FT. PIERCE, FL 34950

Title: DPS
Name: KORLIPARA, A. PRASAD R M.D.
Address: 1331 N LAWNWOOD CIR
City-St-Zip: FT. PIERCE, FL 34950

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: A. PRASAD KORLIPARA, MD MGRM 04/09/2012

Electronic Signature of Signing Officer or Director Date