2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

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Entity Name: SURGERY CENTER MANAGEMENT COMPANY

Current Principal Place of Business:

800 GOODLETTE RD., STE. 120
NAPLES, FL 34102

New Principal Place of Business:

800 GOODLETTE RD., N.
STE 120
NAPLES, FL 34102

Current Mailing Address:

800 GOODLETTE RD., STE. 120
NAPLES, FL 34102

New Mailing Address:

800 GOODLETTE RD., N.
STE 120
NAPLES, FL 34102

FEI Number: 59-3611690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABS, DANIEL J DR
800 GOODLETTE RD, #350
NAPLES, FL 34102 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: DR
Name: LABS, J. DANIEL
Address: 800 GOODLETTE RD., STE. 120
City-St-Zip: NAPLES, FL 34102

Title: DR
Name: REGALA, PHILIP
Address: 800 GOODLETTE RD., STE. 120
City-St-Zip: NAPLES, FL 34102

Title: DR
Name: ROUGRAFF, PAUL
Address: 800 GOODLETTE RD #120
City-St-Zip: NAPLES, FL 34102

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: KELLY ANN SEMANCIK, BUSINESS OFFICE MGR. MS. 01/07/2011

Electronic Signature of Signing Officer or Director — Date