

347183

(Requestor's Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTURION AMBULATORY SURGERY CENTER, INC.

(Name of Corporation)

DOCUMENT NUMBER: S47183

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY ANN FULLERTON

(Name of Person)

(Name of Firm/Company)

14502 N. DALE MABRY HIGHWAY, STE. 200

(Address)

TAMPA, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ANN FULLERTON at (**813**) **443-4872**

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

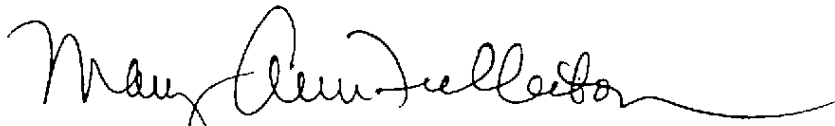
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARY ANN FULLERTON, hereby resign as DST - DIRECTOR, SECRETARY, TRUSTEE
(Title)

of CENTURION AMBULATORY SURGERY CENTER, INC.
(Name of Corporation)

S47183, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FL

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