

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # S74045

1. Entity Name

AMBULATORY SURGERY CENTER SUPPORT SERVICES, INC.



Principal Place of Business

502 E. NEW HAVEN AVENUE
MELBOURNE FL 32901
US

Mailing Address

502 E NEW HAVE AVE
MELBOURNE FL 32901
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3087811

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	FREEMAN, L. NEAL M.D.	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZORBIS, ANDREW	
STREET ADDRESS	502 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROUSSARD, WILLIAM J M.D.	
STREET ADDRESS	502 E NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PAYLOR, RALPH R MD	
STREET ADDRESS	502 E NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000346912
04/30/05-80094-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-28-05

321-726-4000

Date

Daytime Phone #