


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FALLACE, JAMES H 1900 SOUTH HICKORY STREET MELBOURNE, FL 32901		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREEMAN, L. NEAL M.D. 502 E NEW HAVEN AVE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZORBIS, ANDREW 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROUSSARD, WILLIAM J M.D. 502 E NEW HAVEN AVE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAYLOR, RALPH R MD 502 E NEW HAVEN AVENUE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William J. Broussard</u> 4-26-06 321-726-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3087811

Applied For
Not Applicable

5. Certificate of Status Desired. ☒ **\$8.75** Additional
Fee Required

U00000553828
05/15/06-80072-010 158.75

**DO NOT WRITE
IN THIS SPACE**