

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 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**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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05/22/08-90047-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William J. Broussard* President 4-23-08

Date

Daytime Phone #

321-726-4000