

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74045

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMBULATORY SURGERY CENTER SUPPORT SERVICES, INC.

Current Principal Place of Business:

502 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

502 E NEW HAVE AVE
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-3087811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE, FL 32901 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: FREEMAN, L. NEAL M.D.
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: DV () Delete
Name: ZORBIS, ANDREW
Address: 502 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: DP () Delete
Name: BROUSSARD, WILLIAM J M.D.
Address: 502 E NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: DST () Delete
Name: PAYLOR, RALPH R MD
Address: 502 E NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. BROUSSARD

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date