

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81775

FILED
Apr 24, 2006
Secretary of State

Entity Name: AMBULATORY SURGICAL CARE, P.A.

Current Principal Place of Business:

1045 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

1045 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3082994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGGARWAL, MUKESH C.
2442 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

AGGARWAL, MUKESH C.
3403 CARAMBOLA CIRCLE
MELBOURNE, FL 32940 US

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: MUKESH C. AGGARWAL

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGGARWAL, MUKESH C.,
Address: 2442 NEWFOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AGGARWAL, MUKESH C.,
Address: 3403 CARAMBOLA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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: MUKESH C. AGGARWAL

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date