

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22035

FILED
Mar 26, 2008
Secretary of State

Entity Name: ATLANTIC SURGICAL CENTER, INC.

Current Principal Place of Business:

150 SW 12TH AVE
STE 201
POMPANO BEACH, FL 33069 US

Current Mailing Address:

150 SW 12TH AVE
STE 201
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

150 SW 12TH AVE
STE 450
POMPANO BEACH, FL 33069 US

New Mailing Address:

150 SW 12TH AVE
STE 450
POMPANO BEACH, FL 33069 US

FEI Number: 65-0326711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEBDING, PAMELA
150 SW 12TH AVE
STE 201
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

BALLINGER, STEVEN R ESQ
1792 BELL TOWER LANE
WESTON, FL 33326 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: STEVEN R. BALLINGER

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BEEBE, JOHN W.
Address: 150 SW 12TH AVE #201
City-St-Zip: POMPANO BEACH, FL

Title: DS () Delete
Name: ROBERT BERNSTEIN,
Address: 150 SW 12TH AVE #201
City-St-Zip: POMPANO BCH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KOSTISHION, EDWARD
Address: 150 SW 12TH AVE #450
City-St-Zip: POMPANO BEACH, FL

Title: DS (X) Change () Addition
Name: BYERS, ANDREW
Address: 150 SW 12TH AVE #450
City-St-Zip: POMPANO BCH, FL 33069

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: EDWARD KOSTISHION

DPT

03/26/2008

Electronic Signature of Signing Officer or Director

Date