2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# V47477

Entity Name: SAMUEL WELLS SURGICENTER, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD.
SUITE 604
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD.
SUITE 604
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3129938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDWIG AND BUNN PA
5150 BELFORT ROAD STE 500
JACKSONVILLE, FL 32256 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: PST ( ) Delete
Name: OBI, LEWIS J
Address: 3599 UNIVERSITY BLVD S, #604
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: BAIRSTOW-OBI, MYRA
Address: 3599 UNIVERSITY BLVD S, #604
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LEWIS OBI PST 04/23/2008

Electronic Signature of Signing Officer or Director — Date