

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46339

Entity Name: ATLANTIC SURGICAL MANAGEMENT, INC.

Current Principal Place of Business:

1 WEST SAMPLE ROAD
SUITE 102
POMPANO BCH., FL 33064

Current Mailing Address:

1 WEST SAMPLE ROAD
SUITE 102
POMPANO BCH., FL 33064

FEI Number: 65-0081787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD, FL 33021 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name ROSEN, HAROLD H
Address 1 WEST SAMPLE RD.
City-State-Zip: POMPAN0 BEACH FL 33064

I hereby 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 all other like empowered.

SIGNATURE: HAROLD ROSEN

PRES

04/28/2013

Electronic Signature of Signing Officer/Director Detail

Date