

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013687

Entity Name: ALL SAINTS SURGERY CENTER, INC.

Current Principal Place of Business:

11377 CORTEZ BLVD.
BROOKSVILLE, FL 34613

Current Mailing Address:

11377 CORTEZ BLVD.
BROOKSVILLE, FL 34613

FEI Number: 03-0392190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 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 D
Name JACHIMOWICZ, JAMES
Address 11377 CORTEZ BLVD.
City-State-Zip: BROOKSVILLE FL 34613

Title D
Name CACIOPPO, LEONARD
Address 11377 CORTEZ BLVD.
City-State-Zip: BROOKSVILLE FL 34613

Title D
Name SZYDLOWSKI, WALTER
Address 11377 CORTEZ BLVD.
City-State-Zip: BROOKSVILLE FL 34613

Title D.
Name WARD, THOMAS
Address 11377 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

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: JACHIMOWICZ , JAMES

OWNER

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date