

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100006

Entity Name: PONTE VEDRA AMBULATORY SURGERY CENTER, INC.

Current Principal Place of Business:

209 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

209 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH, FL 32082

FEI Number: 55-0806256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
113 NATURE WALK PARKWAY
SUITE 103
ST. AUGUSTINE, FL 32092 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 TREASURER
Name RUMSEY, III, C.CAYCE DR.
Address 209 PONTE VEDRA PARK DR.
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT
Name BURK, III, ROBERT W DR.
Address 209 PONTE VEDRA PARK DR.
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP
Name SCIOSCIA, PAUL J DR.
Address 209 PONTE VEDRA PARK DR.
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY
Name SNYDER, BRETT J DR.
Address 209 PONTE VEDRA PARK DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: ROBERT W BURK, III

PRESIDENT

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date