

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000008468

**Entity Name:** MUSCULOSKELETAL AMBULATORY SURGERY CENTER, INC.**Current Principal Place of Business:**6015 POINTE W BLVD  
BRADENTON, FL 34209**Current Mailing Address:**6015 POINTE W BLVD  
BRADENTON, FL 34209 FL**FEI Number:** 65-0829385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
STE 400  
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           | PSTD                  |
| Name            | KUMAR, AVINASH G M.D. |
| Address         | 6015 POINTE W BLVD    |
| City-State-Zip: | BRADENTON FL 34209    |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | BUNDSCHU, RICHARD H M.D. |
| Address         | 6015 POINTE WEST BLVD    |
| City-State-Zip: | BRADENTON FL 34209       |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | SCHAFER, STEVEN M.D.  |
| Address         | 6015 POINTE WEST BLVD |
| City-State-Zip: | BRADENTON FL 34209    |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | VALADIE, ARTHUR L M.D. |
| Address         | 6015 POINTE WEST BLVD  |
| City-State-Zip: | BRADENTON FL 34209     |

|                 |                       |
|-----------------|-----------------------|
| Title           | CEO                   |
| Name            | LEMAY, PAIGE          |
| Address         | 6015 POINTE WEST BLVD |
| City-State-Zip: | BRADENTON FL 34209    |

*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:** PAIGE LEMAY

CEO

01/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date