2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2015
Secretary of State
CC3983001487

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

FEI Number: 65-0829385

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC
100 S ASHLEY DRIVE
SUITE 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: AVINASH KUMAR, M.D. PSTD 02/20/2015

Electronic Signature of Signing Officer/Director Detail — Date