

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087380

Entity Name: ALLIED SURGICAL ASSISTANT PROFESSIONALS (A.S.A.P.),
P.A.

FILED
Apr 29, 2015
Secretary of State
CC7264655226

Current Principal Place of Business:

74 HABERSHAM DR
FLAGLER BEACH, FL 32130

Current Mailing Address:

74 HABERSHAM DR
FLAGLER BEACH, FL 32130 US

FEI Number: 59-3543748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNIE JO BARBER
74 HABERSHAM DR.
FLAGLER BEACH, FL 32130 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 | PD | Title | VPD |
| Name | BURCH, GAIL | Name | BARBER, BONNIE |
| Address | 12 N RAVENS FIELD LANE | Address | 74 HABERSHAM DR. |
| City-State-Zip: | ORMOND BEACH FL 32174 | City-State-Zip: | FLAGLER BEACH FL 32130 |
| | | | |
| Title | D | | |
| Name | ZEMBALL, WENDY | | |
| Address | 115 CAMINO CIRCLE | | |
| City-State-Zip: | ORMOND BEACH FL 32174 | | |

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: BONNIE JO BARBER

VICE PRESIDENT

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date