

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31434

Entity Name: SURGERY CENTER OF BOCA RATON, INC.

Current Principal Place of Business:

569 BROOKWOOD VILLAGE, SUITE 901
BIRMINGHAM, AL 35209

Current Mailing Address:

569 BROOKWOOD VILLAGE, SUITE 901
BIRMINGHAM, AL 35209 US

FEI Number: 62-1509341

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION, FL 33324 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 PRESIDENT
Name DEWEERDT , TOM W. F.
Address 569 BROOKWOOD VILLAGE, SUITE
 901
City-State-Zip: BIRMINGHAM AL 35209

Title SECRETARY
Name PRINCE, PHILLIP
Address 569 BROOKWOOD VILLAGE, SUITE
 901
City-State-Zip: BIRMINGHAM AL 35209

Title TREASURER
Name SHARFF, RICHARD L. JR.
Address 569 BROOKWOOD VILLAGE, SUITE
 901
City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR
Name HARBOR, LEA
Address 569 BROOKWOOD VILLAGE, SUITE
 901
City-State-Zip: BIRMINGHAM AL 35209

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: RICHARD L. SHARFF JR.

TREASURER

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date