

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000308

Entity Name: FLORIDA SURGICAL CARE AFFILIATES, INC.

Current Principal Place of Business:

520 LAKE COOK ROAD
SUITE 250
DEERFIELD, ID 60015

Current Mailing Address:

569 BROOKWOOD VILLAGE
SUITE 901
BIRMINGHAM, AL 35209 US

FEI Number: 20-8740447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 P
Name HAYEK, ANDREW
Address 520 LAKE COOK ROAD, SUITE 250
City-State-Zip: DEERFIELD IL 60015

Title VCOO
Name RUCKER, MICHAEL
Address 520 LAKE COOK ROAD, SUITE 250
City-State-Zip: DEERFIELD IL 60015

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

Title CFOT
Name CLEMENS, PETER
Address 569 BROOKWOOD VILLAGE
SUITE 901
City-State-Zip: BIRMINGHAM AL 35209

Title D
Name CLARK, JOSEPH T
Address 569 BROOKWOOD VILLAGE
SUITE 901
City-State-Zip: BIRMINGHAM AL 35209

Title D
Name KIMBROUGH, JENIFER
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.

**EXECUTIVE VICE
PRESIDENT**

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date