

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001016

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: NATIONAL SURGICAL CARE, INC.

**Current Principal Place of Business:**

191 N. WACKER DR., SUITE 925  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

191 N. WACKER DR., SUITE 925  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 14-1839049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CHMN  
Name: ABASSI, SAMI  
Address: 191 N. WACKER DR., SUITE 925  
City-St-Zip: CHICAGO, IL 60606

Title: PRES  
Name: PENCE, RICHARD  
Address: 191 N. WACKER DR., SUITE 925  
City-St-Zip: CHICAGO, IL 60606

Title: ASTR  
Name: BONTHRON, LETITIA  
Address: 191 N. WACKER DR., SUITE 925  
City-St-Zip: CHICAGO, IL 60606

Title: D  
Name: OBRIEN, KEVIN  
Address: 191 N. WACKER DR., SUITE 925  
City-St-Zip: CHICAGO, IL 60606

Title: D  
Name: FRONTERHOUSE, JEFF  
Address: 191 N. WACKER DR., SUITE 925  
City-St-Zip: CHICAGO, IL 60606

Title: D  
Name: CARLYLE, JOHN  
Address: 191 N. WACKER DR., SUITE 925  
City-St-Zip: CHICAGO, IL 60606

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: LETITIA BONTHRON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ASTR

04/22/2011

\_\_\_\_\_ Date