

# AMENDED ANNUAL REPORT



Corporation Division  
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**E-FILED**  
May 02, 2020  
**OREGON SECRETARY OF STATE**

## REGISTRY NUMBER

7579618

## REGISTRATION DATE

05/13/1965

## BUSINESS NAME

LOVEJOY SURGICENTER, INC.

## BUSINESS ACTIVITY

AMBULATORY DAY SURGICAL CENTER WOMEN'S REPRODUCTIVE HEALTH CARE. ALL PATIENTS COME IN IN THE MORNING AND LEAVE THAT AFTERNOON. LOCAL OR GENERAL ANESTHESIA OFFERED.

## MAILING ADDRESS

933 NW 25TH AVE  
PORTLAND OR 97210 USA

## TYPE

DOMESTIC BUSINESS CORPORATION

## PRIMARY PLACE OF BUSINESS

933 NW 25TH AVE  
PORTLAND OR 97210 USA

## JURISDICTION

OREGON

## REGISTERED AGENT

MARJORIE A ELKEN

5300 MEADOWS RD STE 200  
LAKE OSWEGO OR 97035 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

## PRESIDENT

ALLENE KLASS

933 NW 25TH AVE  
PORTLAND OR 97210 USA

## SECRETARY

JOY STAPLES

933 NW 25TH AVE  
PORTLAND OR 97210 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

ASHLEY HOFSCHEIDER

**TITLE**

BOOKKEEPER

**DATE SIGNED**

05-02-2020