# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2004**
**Secretary of State**

DOCUMENT# H06505

**Entity Name:** SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY, INC.

**Current Principal Place of Business:**

3700 CENTRAL AVENUE, SUITE 2
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3700 CENTRAL AVENUE, SUITE 2
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number: 59-2430569** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: BRUECK, ROBERT J. M., D.
Address: 3700 CENTRAL AVE.
City-St-Zip: FT. MYERS, FL

Title: DST ( ) Delete
Name: PRICE, MICHAEL N DPM
Address: 3700 CENTRAL AVE
City-St-Zip: FT MYERS, FL

Title: D ( ) Delete
Name: LIEBOWITZ, FRED A
Address: 3700 CENTRAL AVE SUITE1
City-St-Zip: FT MYERS, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KIM, MICHAEL K
Address: 3700 CENTRAL AVE SUITE 1
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Change (X) Addition
Name: GOLOSOW, LORRAINE M
Address: 3700 CENTRAL AVE SUITE 1
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT J. BRUECK, M.D. DP 04/07/2004

Electronic Signature of Signing Officer or Director Date