2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # H06505

1. Entity Name
SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY, INC.

Principal Place of Business	Mailing Address
3700 CENTRAL AVENUE, SUITE 2 FT. MYERS, FL 33901	3700 CENTRAL AVENUE, SUITE 2 FT. MYERS, FL 33901

01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2430569
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000609544
02/01/07-80054-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRUECK, ROBERT J. M.D.
STREET ADDRESS	3700 CENTRAL AVE.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	DST
NAME	PRICE, MICHAEL N DPM
STREET ADDRESS	3700 CENTRAL AVE
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	D
NAME	KIM, MICHAEL K
STREET ADDRESS	3700 CENTRAL AVE SUITE 1
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	D
NAME	GOLOSOW, LORRAINE M
STREET ADDRESS	3700 CENTRAL AVE SUITE 1
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/19/07 239-275-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #