

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90003 044 \*\*\*150.00

**DOCUMENT # J92365**

1. Entity Name

TAMPA OUTPATIENT SURGICAL FACILITY, INC.



Principal Place of Business

5013 N ARMONIA AVE,  
TAMPA FL 33603

Mailing Address

C/O INEL LEVIN CPA, PA  
3816 W LINEBAUGH AVENUE, SUITE 300  
TAMPA FL 33624

2. Principal Place of Business

5013 N. ARMENIA AVE.

3. Mailing Address

40 INEZ LEVIN CPA PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3816 W. LINEBAUGH AVE, STE 300



MOORE

CR2E034 (11/03)

City & State

TAMPA, FL

City & State

TAMPA FL

4. FEI Number

59-2844884

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPHIER, ALBERT L  
4922 BAY WAY PLACE  
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SAPHIER, ALBERT  
STREET ADDRESS 2708 AZEELE ST.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME MEZRAH, JACK  
STREET ADDRESS 2708 AZEELE ST.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME COHEN, ALBERT  
STREET ADDRESS 2708 AZEELE ST.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Albert Saphier* Albert L Saphier MD 2/3/04 813 9608023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #