

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 009 ***150.00

DOCUMENT # K00311 1. Entity Name NEW PORT RICHEY SURGI-CENTER, INC.					
Principal Place of Business 515 CLIFF DR. TEMPLE TERRACE, FL 33617			Mailing Address 515 CLIFF DR. TEMPLE TERRACE, FL 33617		
2. Principal Place of Business 15504 Thonahunst Ct Suite, Apt. #, etc.		3. Mailing Address 15504 Thonahunst Ct Suite, Apt. #, etc.			
City & State Tampa, FL Zip Country 33647 US		City & State Tampa, FL Zip Country 33647 US		4. FEI Number 65-0011705	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GIL, DENNIS 515 CLIFF DR. TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name GIL, DENNIS Street Address (P.O. Box Number is Not Acceptable) 15504 Thonahunst Ct. City Tampa FL Zip Code 33647		
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  1/20/04 Signature must be in ink and name of registered agent and title must be typed.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST-ZIP	D FRIT HAUBER 5415 GULF DRIVE NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP	DST GIL, DENNIS C 515 CLIFF DR TEMPLE TERRACE, FL 33617	☒ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	DST GIL, DENNIS 15504 Thonahunst Ct Tampa, FL 33647 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP	DVP HANFF, HENRY W. 5415 GULF DRIVE NEW PORT RICHEY, FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition	
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 I 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 I've empowered.					
SIGNATURE:  DENNIS GIL Secretary 1/20/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

813-977-5959