## 2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## ANNUAL REPORT

**DOCUMENT # K41151** 1. Entity Name SURGICARE CENTER, INC.

Principal Place of Business

4101 EVANS AVENUE FT, MYERS, FL 33901 Mailing Address

4101 EVANS AVENUE FT. MYERS, FL 33901

## **FILED** Apr 26, 2004 08:00 AM Secretary of State



04192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0078711

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD., #320 FORT MYERS, FL 33919

## DO NOT WRITE

|   | 1,13,12 000,0   |   |             | IN                             | IHIS SPACE   |    |
|---|---|---|-------------|--------------------------------|--|----|
|   | named entity submits this statement for the prions of registered agent. | urpose of changing its registered of  | fice or n   | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accep | o† |
|   | Signature, typed or printed name of registered agent and title if       | applicable (NOTE, Registered Ager   | n signature | required when reinstating)     | DATE   |    |
| FiLE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |             | \$5.00 May Be<br>Added to Fees | U00000131813<br>04/27/04-80020-019 150.00                  |    |
| 10.   | OFFICERS AND DIREC  | TORS  |             |                                |  |    |
| Title<br>Name<br>Street Address<br>City - St - Zip                    | PD<br>BROWN, DAVID C.<br>4101 EVANS AVE<br>FORT MYERS, FL 33901         |   |             |                                |  |    |
| title<br>name<br>street address<br>chy-si-zip                         |   | -   |             |                                |  |    |
| THEE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | DO NOT WRITE  |   |             |                                | NOT WRITE  |    |
| THEE<br>MAME<br>STREET ADDRESS<br>CHY-ST ZIP                          |   |   |             | IN .                           | THIS SPACE   |    |
| TIFLE NAME STREET ADDRESS CITY-ST ZIP                                 |   |   |             |                                | - <del></del> -  |    |
| BIRE  |   |   |             |                                |  |    |

12. I hereby certify that the information supplied with this filling 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 repeiver 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 attacpment with an address, with all other like empowered.

SIGNATURE: **Z** 

STREET ADDRESS CITY-\$T-78P

DAVID CBROWN SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 215-1176