

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 003 ***550.00

DOCUMENT # P00000019193

1. Entity Name

PALMETTO SURGERY CENTER, INC.



Principal Place of Business

500 PALMETTO ST., STE. 1B
NEW SMYRNA BEACH FL 32168

Mailing Address

600 PALMETTO ST., STE. 1B
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

508 Palmetto St.
Ste 1B

3. Mailing Address

2528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

Zip

32168

Country

US

Zip

Country

4. FEI Number

59-3636193

Applied For

Not Applicable

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

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

Frank P. Dunham

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 P
NAME DUNHAM, ANNE MD *Dunham* ☐ Delete
STREET ADDRESS 2528 TAIL SPIN TRAIL
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE VP *treasurer* ☐ Change ☒ Addition
NAME Frank Dunham
STREET ADDRESS 2528 tail spin trail
CITY-ST-ZIP Port orange, FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/04 (386) 322-9825