
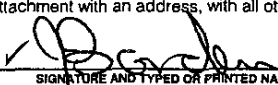


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2004 90037 021 ***150.00

DOCUMENT # P00000058660 1. Entity Name SURGERY CENTER OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 12651 WHITEHALL DRIVE FORT MYERS, FL 33907			Mailing Address 12651 WHITEHALL DRIVE FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTELLANOS, RONALD D MD 1215 KASAMADA DRIVE FORT MYERS, FL 33919				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CASTELLANOS, RONALD D MD 1215 KASAMADA DRIVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, OMAR MD 15499 THORY COURT FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, WILLIAM P MD 5598 SUNDOWN HARBOUR COURT FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, JAMES D MD 3880 W RIVERSIDE DRIVE FORT MYERS, FL 33901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETTON, PAUL R MD 4849 LAUREL LANE FORT MYERS, FL 33908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, JASPER J DO 866 HATCHEE VISTA DRIVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, MARK A MD 4629 SE 20TH PLACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			3-29-04 <input checked="" type="checkbox"/> 239-772-8500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		