

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058660

FILED
Feb 09, 2009
Secretary of State

Entity Name: SURGERY CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

12631 WHITEHALL DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

507 DEL PRADO BLVD S
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-1022543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANOS, RONALD D MD
4855 DOCKSIDE DR
APT 202
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTELLANOS, RONALD D MD
Address: 4855 DOCKSIDE DR, APT 202
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: EVANS, WILLIAM P MD
Address: 5598 SUNDOWN HARBOUR COURT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: BORDEN, JAMES D MD
Address: 3880 W RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: BRETTON, PAUL R MD
Address: 4849 LAUREL LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: RIZZO, JASPER J DO
Address: 14169 REFLECTION LAKES DR
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: MINTZ, MARK A MD
Address: 4629 SE 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD D CASTELLANOS

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date