

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005211

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** THE PONTE VEDRA BEACH SURGERY CENTER, INC.

**Current Principal Place of Business:**

50 A1A NORTH  
SUITE 103  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

1030 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

50 A1A NORTH  
SUITE 103  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

1030 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 94-3416697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOTOLAW, INC.  
50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 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: HARRIS, JOHN B MD  
Address: 50 A1A NORTH STE 103  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: HARRIS, TAMARA K  
Address: 50 A1A NORTH STE 103  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HARRIS, JOHN B MD  
Address: 1030 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition  
Name: HARRIS, TAMARA K  
Address: 1030 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN B. HARRIS, MD.

D

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date