


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90161 023 ***158.75

DOCUMENT # P02000013687

1. Entity Name
ALL SAINTS SURGERY CENTER, INC.



Principal Place of Business
**11377 CORTEZ BLVD.
 SPRING HILL, FL 34611**

Mailing Address
**11377 CORTEZ BLVD.
 SPRING HILL, FL 34611**

54052728

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



03262004 Chg-P CR2E034 (10/03)

City & State
Brooksville, FL

City & State
Brooksville, FL

Zip
34613

Country
USA

Zip
34613

Country
USA

4. FEI Number
03-0392190

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
 ONE HARBOUR PLACE
 777 S. HARBOUR ISLAND BLVD., SUITE 500
 TAMPA, FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CACIOPPO, LEONARD	
STREET ADDRESS	11377 CORTEZ BLVD.	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACHIMOWICZ, JAMES	
STREET ADDRESS	11377 CORTEZ BLVD.	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, THOMAS	
STREET ADDRESS	11377 CORTEZ BLVD.	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZYDLOWSKI, WALTER	
STREET ADDRESS	11377 CORTEZ BLVD.	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLATAU, ARTHUR	
STREET ADDRESS	11377 CORTEZ BLVD.	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAURINO, MICHAEL	
STREET ADDRESS	11377 CORTEZ BLVD.	
CITY-ST-ZIP	SPRING HILL, FL 34611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Brooksville, FL 34613	

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: _____ Date _____ Daytime Phone # **(352) 597-3060**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000013687

1. Entity Name ALL SAINTS SURGERY CENTER, INC.



5405228

Principal Place of Business 11377 CORTEZ BLVD. SPRING HILL, FL 34611

Mailing Address 11377 CORTEZ BLVD. SPRING HILL, FL 34611



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0392190 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., SUITE 500 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Table with 6 rows of officer/director information including titles, names, and addresses for CACIOPPO, JACHIMOWICZ, WARD, SZYDLOWSKI, FLATAU, and GAURINO.

DO NOT WRITE IN THIS SPACE

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 #

(352) 597-3060