

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90042 012 \*\*\*150.00

DOCUMENT # P02000063221

1. Entity Name  
PONTE VEDRA SURGERY CENTER, INC.



40004942



01132005 Chg-P CR2E034 (10/03)

Principal Place of Business  
232 PONTE VEDRA PARK Dr.  
SUITE 5  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
232 PONTE VEDRA PARK Dr.  
SUITE 5  
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business  
232 Ponte Vedra Dr N  
Suite, Apt. #, etc.

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

City & State  
Ponte Vedra Beach FL  
Zip  
32082  
Country  
USA

City & State  
SAME  
Zip  
32082  
Country  
USA

4. FEI Number  
14-1840418  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CRAWFORD, JOHN R  
225 WATER STREET  
SUITE 900  
JACKSONVILLE, FL 32202  
DAVID T HARVEY  
909 Grist Mill  
Ponte Vedra Beach  
FL 32082

7. Name and Address of New Registered Agent  
Name  
DAVID T HARVEY  
Street Address (P.O. Box Number is Not Acceptable)  
232 Ponte Vedra Dr N  
City  
Ponte Vedra Dr N FL  
Zip Code  
32082

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 *David T. Harvey* DATE *1/18/05*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, DAVID T		NAME		
STREET ADDRESS	232 PONTE VEDRA PARK DR. N.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *David T. Harvey* DATE *1/18/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR