2003 FOR PROFIT CORPORATION UNIFORM RUSINESS REPORT (LIRE)

FILED Feb 28, 2003 8:00 am Secretary of State

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DOCUMENT # P0200063221 1. Entity Name PONTE VEDRA SURGERY CENTER, INC.							02-17-2003 90268 036 ***150.00			
ONL	VEDNA GUNGER	TI OCIVIEN, INC	<i>9</i> .	12.6		1				
Principal Pla	ace of Business	,	Mailing Address			1				
250 A1A NO	ORTH	:	250 A1A NORTH			1'				
SUITE 5			SUITE 5							
PONIE VED	RA BEACH FL 32082	,	Ponte vedra beach fl	32082			 	i b ari adara a rkada kumu t	IZIR HARA HARARA	1
2. Principal	Place of Business	3.	3. Mailing Address					12 00 3300 300 4 00 4		i P
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate		City & State			4. FEI Numb	14-1840	418	Applied For Not Applicab	
Zip	Countr	У	Zip	Country		1	of Status Desired	\$8.75 Fee Regi	Additional)ie
	6. Name and Add	ress of Current Regis	tered Agent		• • .	7Name and	Address of New Reg			\dashv
			·· — ==	Nar	ne					7
CRAWFORD, JOHN R					Street Address (P.O. Box Number is Not Acceptable)					
1	ER STREET		`			, to trot receptable)			_ }	
SUITE 900					•					
<u></u>	WILLE FL 32202	///	City			्य . •	FL Zip C		\neg	
8.* The above the obliga	e named entity submits Mons of registered ager	this tatement for the	surpose of changing its r	egistered offic	e or registere	ed agent, or bot	h, in the State of Florida	a. I am familiar wi	th, and accep	1
7	none or regionated ager	Mus .	1. I lan	1//			2 //	05		1
SIGNATURE	Signature, broad or gripper for	ne of registered agent and title i	1 1000	<u> </u>	<u> </u>			75		İ
			applicable. (NC/E:	lagistered Agent s	ignature required s	when reinstanng)		DATE		╛
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					•	9. Ele	ction Campaign Financ	cino C E	.00 May Be	
Make Check Payable to Florida Department of							st Fund Contribution.		led to Fees	1
10.		OFFICERS AND DIREC	,	11.	·	ADDITIONS/	CHANGES TO OFFICE	DC AND DIDECTO	NDO IN A	_
TITLE	D		☐ Delete	TITLE		ADDITIONS	PRINTED TO OFFICE	Change		12
NAME	HARVEY, DAVID T			NAME	ŀ			Cuenta	; LJ AOURDOR	8
STREET ADDRESS	250 A1A NORTH			STREET ADDRE	ss					1 4
CITY-ST-ZIP	PONTE VEDRA BEA	ACH FL 32082		CITY-ST-ZIP						CR2E034 (10/02)
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CITY-ST-ZIP				STREET ADDRES	⁵⁵					
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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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete -

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVID T. HARVEY, M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

lauge

2-25-03

Oaytime Phone #

Change 🗖 Addition