

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091885

FILED
Feb 15, 2004
Secretary of State

Entity Name: LOUISVILLE SURGICAL ASSISTANTS II, INC.

Current Principal Place of Business:

5125 CASTELLO DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5125 CASTELLO DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 02-0642262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROGER
5125 CASTELLO DRIVE
NAPLES, FL 34103

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: PS () Delete
Name: SWEENEY, JAMIE
Address: 5125 CASTELLO DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMIE SWEENEY

PRES

02/15/2004

Electronic Signature of Signing Officer or Director

Date