

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108356

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: PORT ORANGE ENDOSCOPY & SURGERY CENTER, INC.

## Current Principal Place of Business:

1195 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

## New Principal Place of Business:

1185 DUNLAWTON AVENUE  
SUITE 100  
PORT ORANGE, FL 32127

## Current Mailing Address:

550 MEMORIAL CIRCLE  
UNIT H  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 20-1388947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEESE, DAVID L  
550 MEMORIAL CIRCLE  
UNIT H  
ORMOND BEACH, FL 32174 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: MEESE, DAVID L  
Address: 577 N. BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: TOLLAND, J. TIMOTHY  
Address: 5 BROADRIVER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: WILLIAMS, KATHLEEN  
Address: 845 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: RITTER, ANDREW H MD  
Address: 24 IRIQUOIS TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MEESE, DAVID L MD  
Address: 577 N. BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: TOLLAND, J. TIMOTHY MD  
Address: 5 BROADRIVER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, KATHLEEN MD  
Address: 845 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: DAVID L. MEESE, M.D.

PRES

03/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date