

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000073402**

1. Entity Name  
**HARBORSIDE SURGERY CENTER, INC.**



Principal Place of Business  
**610 E. OLYMPIA AVE.  
STE 100  
PUNTA GORDA, FL 33950 US**

Mailing Address  
**610 E. OLYMPIA AVE.  
STE 100  
PUNTA GORDA, FL 33950 US**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0443846**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOENNING, JOHN E  
610 E OLYMPIA AVE  
STE 201  
PUNTA GORDA, FL 33950**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD  
MOENNING, JOHN  
610 E. OLYMPIA AVE., SUITE 201  
PUNTA GORDA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
MOENNING, STEPHEN P  
610 E. OLYMPIA AVE., SUITE 201  
PUNTA GORDA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
GUARRINO, JOHN  
610 E. OLYMPIA AVE., SUITE 201  
PUNTA GORDA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

0000000143721  
04/30/04-80103-005 150.00

**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: X**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

VP

4/28/04

941-637-0065