

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90138 002 \*\*\*150.00

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**DOCUMENT # P93000073402**

1. Entity Name

**HARBORSIDE SURGERY CENTER, INC.**



Principal Place of Business

610 E. OLYMPIA AVE.

SUITE 201

PUNTA GORDA FL 33950

US

Mailing Address

610 E. OLYMPIA AVE.

SUITE 201

PUNTA GORDA FL 33950

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 100**

Suite, Apt. #, etc.

**SUITE 100**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0443846**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S**

**1245 COURT ST**

**SUITE 102**

**CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name

**JOHN E. MOENNING**

Street Address (P.O. Box Number is Not Acceptable)

**610 E. OLYMPIA AVE.**

**SUITE 201**

City

**PUNTA GORDA**

**FL**

Zip Code

**33950**

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

*John E. Moenning*

**JOHN E. MOENNING/PRESIDENT**

**4/22/03**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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:

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

**JOHN E. MOENNING**

**4/22/03**

Date

**941-639-4646**

Daytime Phone #

CR2E034 (10/02)