

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90165 003 ***150.00

DOCUMENT # P94000039581

1. Entity Name
WEST PALM OUTPATIENT SURGERY CENTER, INC.

Principal Place of Business
200 NORTHPOINT PKWY.
WEST PALM BEACH FL 33407

Mailing Address
200 NORTHPOINT PKWY.
WEST PALM BEACH FL 33407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0508483**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENKHAUS, DAVID J
4800 N. FEDERAL HWY., STE. 210-A
BOCA RATON FL 33431

Name **Jeffrey P. Zane Esq.**
 Street Address (P.O. Box, Number is Not Acceptable)
4800 Riverside Drive Suite 101
 City **Palm Beach Gardens** **FL** Zip Code **33410**

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.

SIGNATURE *Jeffrey P. Zane*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/9/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MICHAEL MD	
STREET ADDRESS	200 NORTHPOINT PWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIRVIN, JAMES MD	
STREET ADDRESS	200 NORTHPORT PWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	S	<input type="checkbox"/> Delete
NAME	ACKERMAN, GARY MD	
STREET ADDRESS	200 NORTH POINT PWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	T	<input type="checkbox"/> Delete
NAME	Bruce Tammenbaum DVM	
STREET ADDRESS	200 Northpoint	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE: *Michael Schwartz MD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)