


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90051 045 ***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	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JEFFREY, ZOME P ESQ 4800 RIVESIDE DR STE 101 PALM BEACH GARDENS, FL 33-410z				Name Paul Krasker, Esq. Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive 9th Floor City West Palm Beach FL Zip Code 33401	
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 <u><i>PwL</i></u> DATE <u>2/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete SCHWARTZ, MICHAEL MD 200 NORTHPOINT PWY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FIDERMAN, GARY MD 200 NORTHPORT PWY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ackerman, Gary MD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete LEIGHTON, MICHAEL MD 200 NORTH POINT PWY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BRUCE, TAMMENBAUM DVM 200 NORTHPOINT WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tannenbaum, Bruce DVM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/30/04</u> <small>Date Daytime Phone #</small>		