

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039581

FILED  
Feb 27, 2005  
Secretary of State

Entity Name: WEST PALM OUTPATIENT SURGERY CENTER, INC.

## Current Principal Place of Business:

200 NORTHPOINT PKWY.  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

200 NORTHPOINT PKWY.  
WEST PALM BEACH, FL 33407

## New Mailing Address:

FEI Number: 65-0508483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRASKER, PAUL ESQ  
625 NORTH FLAGLER DR  
9TH FLR  
WEST PALM BEACH, FL 33401 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: P ( ) Delete  
Name: SCHWARTZ, MICHAEL MD  
Address: 200 NORTHPOINT PWY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: ACKERMAN, GARY MD  
Address: 200 NORTHPOINT PWY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S ( ) Delete  
Name: LEIGHTON, MICHAEL MD  
Address: 200 NORTHPOINT PWY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T ( ) Delete  
Name: TANNENBAUM, BRUCE DVM  
Address: 200 NORTHPOINT  
City-St-Zip: WEST PALM BEACH, FL 33407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SELTZER, ANDREW MD  
Address: 200 NORTHPOINT PWY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S (X) Change ( ) Addition  
Name: EMMER, CURTIS MD  
Address: 200 NORTHPOINT PWY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T (X) Change ( ) Addition  
Name: TANNENBAUM, BRUCE DVM  
Address: 200 NORTHPOINT PWY  
City-St-Zip: WEST PALM BEACH, FL 33407

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: BRUCE TANNENBAUM

T

02/27/2005

Electronic Signature of Signing Officer or Director

Date