

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90499 037 \*\*\*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

Zip

Country

Zip

Country

**4. FEI Number** **65-0508483**

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**

**7. Name and Address of New Registered Agent**

**JEFFREY, ZOME P ESQ**  
**4800 RIVERSIDE DR STE 101**  
**PALM BEACH GARDENS FL 33410Z**

*Zane, Jeffrey P ESQ*  
*(misspelled name)*

*Riverside*

**Name** *Zane, Jeffrey P ESQ*  
**Street Address (R.O. Box Number is Not Acceptable)** *4800 Riverside Dr Ste 101*

City

**FL**

Zip Code

**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, 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** **P** ☐ Delete  
**NAME** **SCHWARTZ, MICHAEL MD**  
**STREET ADDRESS** **200 NORTHPOINT PWY**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33407**

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

**TITLE** **VP** ☒ Delete  
**NAME** **KIRVIN, JAMES MD**  
**STREET ADDRESS** **200 NORTHPOINT PWY**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33407**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME** **Ackerman, Gary MD**  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** **S** ☒ Delete  
**NAME** **ACKERMAN, GARY MD**  
**STREET ADDRESS** **200 NORTH POINT PWY**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33407**

**TITLE** **S** ☒ Change ☐ Addition  
**NAME** **Leighton, Michael MD**  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** **T** ☐ Delete  
**NAME** **BRUCE, TAMMENBAUM DVM**  
**STREET ADDRESS** **200 NORTHPOINT**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33407**

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

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/02)