

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001943

1. Entity Name

CAPE CORAL SURGERY CENTER, INC.

Principal Place of Business

ONE PARK PLAZA  
NASHVILLE FL 37203  
US

Mailing Address

P O BOX 750  
NASHVILLE TN 37202  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST, 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE AS ☐ Delete  
NAME BLACKWOOD, DORA A  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE VP ☐ Delete  
NAME JOHNSON, R. MILTON  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE P ☐ Delete  
NAME MOORE, A. BRUCE  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN

TITLE AS ☐ Delete  
NAME ROTH, GREG  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE FL 37203

TITLE AS ☐ Delete  
NAME DENSON, DAVID L  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☐ Delete  
NAME GRUBBS, RONALD L  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN 37203

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE P DVP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS DP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*David Denson*  
David Denson  
Assistant Secretary

3-9-01 (415) 344-2575  
Date Daytime Phone #

FILED  
Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90072 044 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)