

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90220 003 ***158.75

DOCUMENT # P96000051729

1. Entity Name
LAKE CITY AMBULATORY SURGERY CENTER, INC.



Principal Place of Business
**602 HALL OF FAME DRIVE
LAKE CITY, FL 32055 US**

Mailing Address
**602 HALL OF FAME DRIVE
LAKE CITY, FL 32055 US**

94073998



2. Principal Place of Business
404 NW Hall of Fame
Suite, Apt. #, etc.

3. Mailing Address
404 NW Hall of Fame
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3425149

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

**WRIGHT, RICHARD L
602 HALL OF FAME DRIVE
LAKE CITY, FL 32055**

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. 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VPSD** ☐ Delete
NAME **WRIGHT, RICHARD L M.D.**
STREET ADDRESS **602 HALL OF DRIVE**
CITY-ST-ZIP **LAKE CITY, FL**

TITLE **PTD** ☐ Delete
NAME **STRAUSS, GUY S D.O.**
STREET ADDRESS **602 HALL OF DRIVE**
CITY-ST-ZIP **LAKE CITY, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Richard L. Wright, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2004