

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90002 039 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000031621**

1. Corporation Name  
**PHYSICIANS DAY SURGERY CENTER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**850 111TH AVE NORTH  
 COVENTRY SQUARE  
 NAPLES FL 34108  
 US**

Mailing Address  
**850 111TH AVE NORTH  
 COVENTRY SQUARE  
 NAPLES FL 34108  
 US**

3. Date Incorporated or Qualified  
**04/08/1997**

4. FEI Number  
**59-3438026**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEUERMAN, PAUL K  
 850 PARK SHORE DRIVE  
 TRIANON CENTRE, THIRD FLOOR  
 NAPLES FL 34103**

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D GATES, HERBERT S III**

STREET ADDRESS **681 GOODLETTE ROAD N., SUITE 220**

CITY-ST-ZIP **NAPLES FL 34102**

TITLE  DELETE

NAME **D ZIMM, JEFFREY L**

STREET ADDRESS **1435 IMMOKALEE ROAD**

CITY-ST-ZIP **NAPLES FL 34110**

TITLE  DELETE

NAME **D SPELLBERG, DAVID M**

STREET ADDRESS **6967 GREENTREE DRIVE**

CITY-ST-ZIP **NAPLES FL 34108**

TITLE  DELETE

NAME **D BELLO, STEVEN L**

STREET ADDRESS **800 GOODLETTE ROAD N**

CITY-ST-ZIP **NAPLES FL 34102**

TITLE  DELETE

NAME **D MACK, FRANK E**

STREET ADDRESS **628 92ND AVENUE N**

CITY-ST-ZIP **NAPLES FL 33410-8**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS **800 Goodlette Rd. N, Ste: 250**

3.4 CITY-ST-ZIP **Naples, FL 34102**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS **1459 Ridge St. 2nd Floor**

4.4 CITY-ST-ZIP **Naples, FL 34103**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS **860 111th Avenue North**

5.4 CITY-ST-ZIP **Naples, FL 34108**

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **1-11-98** DAYTIME PHONE # **(941) 596-2557**

CR2E034 (1/198)