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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)