

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90123 035 \*\*\*150.00

**DOCUMENT # P97000031621**

1. Entity Name

**PHYSICIANS DAY SURGERY CENTER, INC.**

Principal Place of Business

850 111TH AVE NORTH  
 COVENTRY SQUARE  
 NAPLES FL 34108  
 US

Mailing Address

850 111TH AVE NORTH  
 COVENTRY SQUARE  
 NAPLES FL 34108-1803  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3438026**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, HERBERT S III	
STREET ADDRESS	681 GOODLETTE ROAD N., SUITE 220	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMM, JEFFREY L	
STREET ADDRESS	1435 IMMOKALEE ROAD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPELLBERG, DAVID M	
STREET ADDRESS	800 GOODLETTE RD N STE 250	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLO, STEVEN L	
STREET ADDRESS	1459 RIDGE ST 2ND FLOOR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, FRANK E	
STREET ADDRESS	860 111TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Francisco	
STREET ADDRESS	1660 Medical Blvd. Suite 302	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

(941) 596-2557

Daytime Phone #

CR2E034 (9/99)