

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3438026** Applied For
 Not Applicable

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

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

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

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: _____ Date **1-10-00** Daytime Phone # **(941) 596-2557**

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE