

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031621

FILED
Jan 19, 2004
Secretary of State

Entity Name: PHYSICIANS DAY SURGERY CENTER, INC.

Current Principal Place of Business:

850 111TH AVE NORTH
COVENTRY SQUARE
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

850 111TH AVE NORTH
COVENTRY SQUARE
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-3438026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GATES, HERBERT S III
Address: 681 GOODLETTE ROAD N., SUITE 220
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SMITH, FRANCISCO
Address: 1660 MEDICAL BLVD STE 302
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: JORDAN, JACOB H
Address: 2335 TAMiami TRAIL NORTH SUITE 501
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BELLO, STEVEN L
Address: 1459 RIDGE ST 2ND FLOOR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CAMPOAMOR, JOSE M.D.
Address: 730 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WORDEN, JAMES M.D.
Address: 730 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT S. GATES III M.D.

Electronic Signature of Signing Officer or Director

PRES

01/19/2004

_____ Date