


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 001 ***158.75

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 US
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40047900



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3438026	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HEUERMAN, PAUL K
 850 PARK SHORE DRIVE
 TRIANON CENTRE, THIRD FLOOR
 NAPLES, FL 34103

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, HERBERT S III 681 GOODLETTE ROAD N., SUITE 220 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FRANCISCO 1660 MEDICAL BLVD STE 302 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JACOB H 2335 TAMIAMI TRAIL NORTH SUITE 501 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLO, STEVEN L 1459 RIDGE ST 2ND FLOOR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORDEN, JAMES M.D. 730 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert S. Gates III 116 105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #