

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031621

FILED  
Jan 09, 2008  
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 US

**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: WORDEN, JAMES 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: WARNER, JUSTIN M.D.  
Address: 2335 TAMIAMI TRAIL NORTH SUITE 501  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

DIR

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date