

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031621

FILED
Jan 11, 2011
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:

CLARK, THOMAS P
1715 MONROE STREET
FORT MYERS, FL 33902 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

OFFICERS AND DIRECTORS:

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

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

Title: ST
Name: WARNER, JUSTIN M.D.
Address: 2335 TAMiami TRAIL NORTH SUITE 501
City-St-Zip: NAPLES, FL 34103

Title: D
Name: SALM, RICHARD J D.P.M.
Address: 681 GOODLETTE ROAD NORTH SUITE 160
City-St-Zip: NAPLES, FL 34102

Title: D
Name: MEAD, LEON P M.D.
Address: 730 GOODLETTE ROAD NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: STEVEN L. BELLO, M.D.

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01/11/2011

Electronic Signature of Signing Officer or Director

_____ Date