

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031621

FILED
Jan 27, 2012
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:

MEYER, ALBERT
909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 US

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: ALBERT MEYER

01/27/2012

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: 1879 VETERANS PARK DRIVE
City-St-Zip: NAPLES, FL 34109

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 BELLO

P

01/27/2012

Electronic Signature of Signing Officer or Director

Date