2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031621

Entity Name: PHYSICIANS DAY SURGERY CENTER, INC.

FILED Jan 27, 2012 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

850 111TH AVE NORTH **COVENTRY SQUARE** NAPLES FL 34108

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, THOMAS P MEYER, ALBERT 1715 MONROE STREET 909 S.E. 5TH AVENUE FORT MYERS, FL 33902 US 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:

JORDAN, JACOB H Name:

2335 TAMIAMI TRAIL NORTH SUITE 501 Address:

City-St-Zip: NAPLES, FL 34103

Title:

Name: BELLO, STEVEN L

1879 VETERANS PARK DRIVE Address:

NAPLES, FL 34109 City-St-Zip:

Title:

WARNER, JUSTIN M.D. Name:

2335 TAMIAMI TRAIL NORTH SUITE 501 Address:

City-St-Zip: NAPLES, FL 34103

Title:

SALM, RICHARD J D.P.M. Name:

Address: 681 GOODLETTE ROAD NORTH SUITE 160

City-St-Zip: NAPLES, FL 34102

Title:

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.

Ρ SIGNATURE: STEVEN BELLO 01/27/2012