


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90439 019 ***150.00

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3438026**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEUERMAN, PAUL K
850 PARK SHORE DRIVE
TRIAXION CENTRE, THIRD FLOOR
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FRANCISCO 1660 MEDICAL BLVD STE 302 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JACOB H 2335 TAMiami TRAIL NORTH SUITE 501 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLO, STEVEN L 1459 RIDGE ST 2ND FLOOR NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOAMOR, JOSE M.D. 730 GOODLETTE ROAD NORTH NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED **1/6/03 (239) 596-2557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)