


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000033611 1. Entity Name SUMMERLIN SURGICAL CENTER, INC.	
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Principal Place of Business 5285 SUMMERLIN ROAD SUITE 101 FORT MYERS, FL 33919	Mailing Address 5285 SUMMERLIN ROAD SUITE 101 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0743702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABODA, GERALD
5285 SUMMERLIN ROAD
SUITE 101
FORT MYERS, FL 33907-7699

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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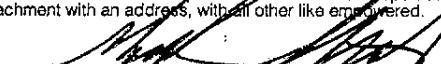
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LABODA, GERALD 5285 SUMMERLIN RD, STE 101 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOGAN, TIMOTHY D 5285 SUMMERLIN RD STE 101 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STREATER, MARK R 5285 SUMMERLIN RD 101 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

03/25/05-80025-001 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 (239) 936-8151
Date Daytime Phone #