## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 27 1998 8:00am

Secretary of State

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Secretary of State 1 DIVISION OF CORPORATIONS

DOCUMENT #

P97000076231 (4)

FLORIDA COASTAL SURGERY CENTER, INC.

		<del></del>	· · · · · · · · · · · · · · · · · · ·							
Principal Place of	SUITE 100 NAPLES FL 34103  SUITE 100 NAPLES FL 34103  3.  Principal Place of Business  2a. Mailing Address  2b. Suite Apt. # etc.									
801 ANCHOR RODE DR SUITE 100 NAPLES FL 34103		SUITE 10	SUITE 100					DO NOT WRITE IN THIS SPACE		
NAPLES FL 34103		NAPLES	MAPLES PL 39103					3. Date Incorporated or Qualified		
								09/03/1997		
2. Principal Place	ANCHOR RODE DR E 100 ES FL 34103  Incipal Place of Business  Ite, Apt. #, etc.  26  Suite, Apt. #, etc.  27  y & State  Country  Zip  25  9. Name and Address of Current Registered Agent  HAINS, TIMOTHY G  4501 N TAMIAMI TRAIL #300  NAPLES FL 33103  Lursuant to the provisions of Sections 607.0502 and 607.1508, Florida Staffice or registered agent, or both, in the State of Florida. Such change with gent. I am familiar with, and accept the obligations of, Section 607.0505  ATURE  Signature, typod or printed name of registered agent and title II applicable  OFFICERS AND DIRECTORS  DREST DENT  LISA D. ZACL, M.D.  STE 100  SUITE 100  NAPLES FL 34103  City & State  City & State  City & State  City & State  ABORESS  PREST DENT  DELETE  SOI ANCHOR LODE DS STE 100							4. FEI Number Applied For		
21		—						59-3473188 Not Applicat		
							·····	5. Certificate of Status Desired S8.75 Additional		
22		27						5. Certificate of Status Desired Fee Required		
City & State			State					6. Election Campaign Financing \$5.00 May Be		
23		28						Trust Fund Contribution		
Zip	Country	Zip		L Co	untry			8. This corporation owes or has paid the current year Intangible		
24				30				Personal Property Tax due June 30.  Yes X No		
9	, Name and Address of Curr	ent Registered A	Agent		1			10. Name and Address of New Registered Agent		
HAINS	, TIMOTHY G				81	Name	е			
4501 N	TAMIAMI TRAIL #300				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
NAPLE	S FL 33103				الما					
_				i	63					
•					64	City		FL 85 Zip Code		
11. Pursuant to th	ne provisions of Sections 607.0	502 and 607.150	8. Florida Statu	ites, the	IOVE	-name	d corpo	oration submits this statement for the purpose of changing its registers		
f office or regis	itered agent, or both, in the Sta	te of Florida. Suc	:h change was	authoriz	by utes	the co	orporation	ion's board of directors. I hereby accept the appointment as registered		
	imiliar with, and accept the ob-	igations of, Section	011 <b>0</b> 07. <b>0303</b> , F	TOTION 5	iles	5.				
SIGNATURE	eture, typod or printed name of registered a	uent and title if applica	ble {NC	TE: Registe	Age	nt signatu	re require	ed when reinstating) DATE		
12.				13	Ť		•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	RESIDENT		DELETE	. 1,1	LE			Change Additi		
NAME 4	ISA D. ZACK,	n.i)		1.2	ME					
STREET ADDRESS	801 ANCHOR LOD	E Ds. ST.	E 100	1.3 5	REET	ADDRESS	3			
CITY-ST-ZIP	IAPle EL	34103		1.4 (	JITY-S	T-ZIP				
TITLE	711174 5	7,,,,	DELETE		TITLE		1	Change Additi		
NAME				2.21	NAME		İ			
STREET ADDRESS				2.3 9	STREET	ADDRESS	;			
CITY-ST-ZIP				2.4	CITY-5	ST-ZIP				
TITLE			DELETE	3.11	TITLE		1 "	Change Additi		
NAME				3.21	NAME		İ			
STREET ADDRESS				3.3 9	STREET	ADDRESS	3			
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP				
TITLE			DELETE	4.1	TITLE			☐ Change ☐ Additi		
NAME				4. 2	NAME					
STREET ADDRESS				4.3 8	STREET	ADDRESS	3			
CITY-ST-ZIP				4.4 (	CITY-S	T-ZIP				
TITLE			DELETE	5.1	TITLE			☐ Change ☐ Addit		
NAME				5.21	NAME			•		
STREET ADDRESS				5.3 9	STREET	ADDRESS	s			
CITY-ST-ZIP				5.4 0	CITY-S	T-ZIP				
TITLE	7		☐ DEL <b>ETE</b>	6.11	TITLE			Change Addit		
NAME				6.2 (	NAME		1			
STREET ADDRESS				6.3	STREET	ADDRESS	3			
CITY-ST-ZIP	Λ			6.4 (	CITY-S	T- ZIP				
14. I hereby certi	fy that the information supplied	with this filing do	pes not qualify	for the ex	kemp	tion sta	ated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated on to officer or dire Block 12 or B	tris annual report of supplement of the corporation of the re- llock 13 if changed or on an at	ntal armual report eceiver or trustee tachment with an	empowered to andress.	execute	this	report a	as requ	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Statutes; and that my name appears in		
I DIDON TE OF D	TITA	7/10	1//							