

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90143 035 ***150.00

0497230 AV

DOCUMENT # P97000076231

1. Entity Name

FLORIDA COASTAL SURGERY CENTER, INC.

Principal Place of Business

**801 ANCHOR RODE DR
SUITE 100
NAPLES FL 34103**

Mailing Address

**801 ANCHOR RODE DR
SUITE 100
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3473188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HAINS, TIMOTHY G
4501 N TAMiami TRAIL #300
NAPLES FL 33103**

7. Name and Address of New Registered Agent

Name **LISA D. ZACK, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
801 Anchor Rode Dr.
Suite 100
City **Naples** FL Zip Code **34103**

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.

SIGNATURE

Signature, typed or printed name of registered agent, not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LISA D. ZACK, M.D. 2-28-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ZACK, M.D. L**
STREET ADDRESS **801 ANCHOR LODGE DR STE 100**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 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

LISA ZACK, MD.

2-28-02

941-263-1717

Date

Daytime Phone #

CR2E034 (9/01)