2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# P97000076231

Entity Name: FLORIDA COASTAL SURGERY CENTER, INC.

Current Principal Place of Business:

801 ANCHOR RODE DR
SUITE 100
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

801 ANCHOR RODE DR
SUITE 100
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3473188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACK, LISA D M.D.
801 ANCHOR RODE DR.
SUITE 100
NAPLES, FL 34103

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZACK, M.D. L
Address: 801 ANCHOR LODE DR STE 100
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZACK, M.D. L
Address: 801 ANCHOR RODE DR STE 100
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LISA D ZACK MD P 02/04/2004

Electronic Signature of Signing Officer or Director — Date