


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000076231 1. Entity Name FLORIDA COASTAL SURGERY CENTER, INC.	
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Principal Place of Business 801 ANCHOR RODE DR SUITE 100 NAPLES, FL 34103	Mailing Address 801 ANCHOR RODE DR SUITE 100 NAPLES, FL 34103
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02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3473188	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent ZACK, LISA D M.D. 801 ANCHOR RODE DR. SUITE 100 NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DR ZACK, LISA D MD 801 ANCHOR RODE DR STE 100 NAPLES, FL 34103
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **LISA D. ZACK, M.D.** **3/9/07** **(239) 263-1717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #