

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096006

1. Entity Name

LEE OUTPATIENT SURGICAL TEAM, INC.

FILED

May 18, 2001 8:00 am  
Secretary of State

05-18-2001 90019 005 \*\*\*550.00

## Principal Place of Business

2745 SWAMP CABBAGE COURT STE 305  
FT MYERS FL 33901

## Mailing Address

2745 SWAMP CABBAGE COURT STE 305  
FT MYERS FL 33901

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

## 4. FEI Number

65-0877391

Applied For

Not Applicable

## 5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GREEN, BRUCE D  
12800 UNIVERSITY DRIVE STE 600  
FT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAGEN, JOHN C MD 6981 LAKE DEVONWOOD DR FT MYERS FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNOX, CHARLES H 15810 OLD WEDGEWOOD CT FT MYERS FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elizabeth P. Koenig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/15/01

(941) 466-1161

Date

Daytime Phone #