

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000096006</b>	
1. Entity Name LEE OUTPATIENT SURGICAL TEAM, INC.	
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



02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0877391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GREEN, BRUCE D 12800 UNIVERSITY DRIVE STE 600 FT MYERS, FL 33907	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAGAN, JOHN C 6981 LAKE DEVONWOOD DR FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ISAACSON, WAYNE MD 12898 KEDLESTON CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/16/05-80039-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05 239-466-1161  
Date Daytime Phone #