

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096006

FILED
Apr 28, 2009
Secretary of State

Entity Name: LEE OUTPATIENT SURGICAL TEAM, INC.

Current Principal Place of Business:

2745 SWAMP CABBAGE COURT STE 305
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2745 SWAMP CABBAGE COURT STE 305
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0877391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1380 ROYAL PALM SQUARE BOULEVARD
FT MYERS, FL 33919 US

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: PD () Delete
Name: KAGAN, JOHN C
Address: 6981 LAKE DEVONWOOD DR
City-St-Zip: FT MYERS, FL 33908

Title: VD () Delete
Name: ISAACSON, WAYNE MD
Address: 12898 KEDLESTON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN C. KAGAN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date