

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000105083**

1. Entity Name

ST. LUCY'S OUTPATIENT SURGERY CENTER, INC.



Principal Place of Business

21275 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952

Mailing Address

21275 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0899000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPADAFORA, JOSEPH  
21275 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SPADAFORA, JOSEPH  
STREET ADDRESS 21275 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE D  
NAME SCHABLE, ERIC  
STREET ADDRESS 21275 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000180892  
01/14/05-80025-023 150.00

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Spadafora

941-625-1325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #