

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105083

FILED
Apr 17, 2009
Secretary of State

Entity Name: ST. LUCY'S OUTPATIENT SURGERY CENTER, INC.

Current Principal Place of Business:

21275 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT ST
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0899000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33958 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: D () Delete
Name: SPADAFORA, JOSEPH
Address: 21275 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: SCHAIBLE, ERIC
Address: 21275 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

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: JOSEPH SPADAFORA

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date