

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90016 004 ***150.00

DOCUMENT # P99000026348

1. Entity Name

SURGERY CENTER OF FORT MYERS, INC.

Principal Place of Business

**8380 RIVERWALK PARK BLVD
 SUITE 240
 FORT MYERS FL 33919**

Mailing Address

**8380 RIVERWALK PARK BLVD
 SUITE 240
 FORT MYERS FL 33919**

note error

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8380 Riverwalk

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0929677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, XAVIER
 2300 CORAL POINT DR.
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

Douglas M. Stevens MD
 Street Address (P.O. Box Number is Not Acceptable)
~~Handwritten address~~
8380 Riverwalk Park Blvd
 City **Ft Myers**, Suite **200** FL Zip Code **33919-8000**

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 *Douglas M Stevens MD* *Douglas M Stevens MD, President 1/12/01*
 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD STEVENS, DOUGLAS DR. 1364 SHADOW LANE FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Douglas M Stevens MD* *Douglas M Stevens MD, President 1/12/01* *941 481 4911*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)