

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24980

1. Entity Name

NAPLES BREAST SURGERY CENTER, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90041 044 \*\*\*150.00

Principal Place of Business  
 800 GOODLETTE RD  
 STE 220  
 NAPLES FL 34102  
 US

Mailing Address  
 800 GOODLETTE RD  
 STE 220  
 NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 730 Goodlette Rd  
 Suite, Apt. #, etc.  
 204

3. Mailing Address  
 730 Goodlette Rd  
 Suite, Apt. #, etc.  
 204

City & State  
 NAPLES FL  
 Zip  
 FL 34102  
 Country  
 USA

City & State  
 NAPLES FL  
 Zip  
 34102  
 Country

4. FEI Number 59-3105187  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FORSZPANIAK, JAN  
 430 COVE TOWER  
 #803  
 NAPLES FL 34110

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSZPANIAK, JAN		NAME		
STREET ADDRESS	4360 COVE TOWER DR #803		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)