

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056095

FILED
Feb 04, 2011
Secretary of State

Entity Name: BARKLEY SURGICENTER, INC.

Current Principal Place of Business:

63 BARKLEY CIR
SUITE 104
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

4790 BARKLEY CIRCLE
BUILDING A
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0428622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, NEEKAYTAN MD
4790 BARKLEY CIRCLE
BUILDING A
FORT MYERS, FL 33907 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

OFFICERS AND DIRECTORS:

Title: VP
Name: FEIOCK, BRIAN D MD
Address: 4790 BARKLEY CIRCLE, BUILDING A
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: LONGENDYKE, BRIAN E DO
Address: 4790 BARKLEY CIRCLE, BUILDING A
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: WEISS, MICHAEL H MD
Address: 4790 BARKLEY CIRCLE, BUILDING A
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: BAYS, MICHAEL W DO
Address: 4790 BARKLEY CIRCLE, BUILDING A
City-St-Zip: FORT MYERS, FL 33907

Title: P
Name: NEEKAYTAN, SHARMA MD
Address: 4790 BARKLEY CIRCLE, BUILDING A
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: NICK SHARMA

P

02/04/2011

Electronic Signature of Signing Officer or Director

_____ Date