

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000056095

**Entity Name:** BARKLEY SURGICENTER, INC.**Current Principal Place of Business:**63 BARKLEY CIR  
SUITE 104  
FORT MYERS, FL 33907**Current Mailing Address:**4790 BARKLEY CIRCLE  
BUILDING A  
FORT MYERS, FL 33907**FEI Number:** 65-0428622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHARMA, NEEKAYTAN MD  
4790 BARKLEY CIRCLE  
BUILDING A  
FORT MYERS, FL 33907 US*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**Officer/Director Detail :**

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

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

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

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

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

Title	VP
Name	RAJU, SRINIVAS
Address	4790 BARKLEY CIRCLE, BUILDING A
City-State-Zip:	FORT MYERS FL 33907

Title	VP
Name	KOKA, RAMESH
Address	4790 BARKLEY CIRCLE BUILDING A
City-State-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:** NEEKAYTAN SHARMA**PRESIDENT****02/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date