## 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 Title VF

Name FEIOCK, BRIAN DMD Name LONGENDYKE, BRIAN EDO

Address 4790 BARKLEY CIRCLE, BUILDING A Address 4790 BARKLEY CIRCLE, BUILDING A

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title VP Title VP

Name WEISS, MICHAEL HMD Name BAYS, MICHAEL WDO

Address 4790 BARKLEY CIRCLE, BUILDING A Address 4790 BARKLEY CIRCLE, BUILDING A

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title P Title VP

Name NEEKAYTAN, SHARMA MD Name RAJU, SRINIVAS

Address 4790 BARKLEY CIRCLE, BUILDING A Address 4790 BARKLEY CIRCLE, BUILDING A

City-State-Zip: FORT MYERS FL 33907 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

FILED Feb 17, 2014

**Secretary of State** 

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