### 2013 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

#### Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

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

#### Officer/Director Detail :

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

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.

PRESIDENT

#### SIGNATURE: NEEKAYTAN SHARMA

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 11, 2013 Secretary of State CC9317460765

03/11/2013 Date

Date