

2015 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 FEOCK, 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

MGR

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date