

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000056095

**Entity Name:** BARKLEY SURGICENTER, INC.

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**9129587864CC**

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

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

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

Title DIRECTOR  
Name KOKA, RAMESH  
Address 4790 BARKLEY CIRCLE  
BUILDING A  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name HAZAN, TAL DR.  
Address 4790 BARKLEY CIRCLE  
BUILDING A  
City-State-Zip: FORT MYERS FL 33907

**Continues on page 2**

*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**

**AGENT**

**01/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PEREZ-BARRIOS, JULIAN  
Address        4790 BARKLEY CIRCLE  
                  BUILDING A  
City-State-Zip: FORT MYERS FL 33907