

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06505

FILED
Apr 14, 2011
Secretary of State

Entity Name: SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY, INC.

Current Principal Place of Business:

3700 CENTRAL AVENUE, SUITE 2
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3700 CENTRAL AVENUE, SUITE 2
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2430569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: BRUECK, ROBERT J MD
Address: 3700 CENTRAL AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: DST
Name: GOLOSOW, LORRAINE M MD
Address: 3700 CENTRAL AVE
City-St-Zip: FT MYERS, FL 33901

Title: D
Name: KIM, MICHAEL K
Address: 3700 CENTRAL AVE SUITE 1
City-St-Zip: FT. MYERS, FL 33901

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: ROBERT J. BRUECK

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date