

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036392

FILED
Feb 09, 2006
Secretary of State

Entity Name: COLLIER ENDOSCOPY & SURGERY CENTER, INC.

Current Principal Place of Business:

5050 MASON CORBIN COURT
FORT MYERS, FL 33907

New Principal Place of Business:

3439 PINE RIDGE ROAD
NAPLES, FL 34109

Current Mailing Address:

5050 MASON CORBIN COURT
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1093702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRABAKARAN, JANSI M.D.
5050 MASON CORBIN COURT
FORT MYERS, FL 33907 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: PRABAKARAN, JANSI M.D.
Address: 5050 MASON CORBIN COURT
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANSI PRABAKARAN

DR

02/09/2006

Electronic Signature of Signing Officer or Director

Date