

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036392

**FILED**  
**Apr 15, 2007**  
**Secretary of State**

**Entity Name:** COLLIER ENDOSCOPY & SURGERY CENTER, INC.

**Current Principal Place of Business:**

3439 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5050 MASON CORBIN COURT  
FORT MYERS, FL 33907

**New Mailing Address:**

312 PRATHER DRIVE  
FORT MYERS, FL 33919

**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:**

PRABAKARAN, JANSI M.D.  
312 PRATHER DRIVE  
FORT MYERS, FL 33919 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:** JANSI PRABAKARAN

04/15/2007

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:** DR (X) Change ( ) Addition  
**Name:** PRABAKARAN, JANSI M.D.  
**Address:** 312 PRATHER DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919

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

04/15/2007

Electronic Signature of Signing Officer or Director

Date