

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036392

FILED  
Apr 28, 2008  
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:**

3439 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**Current Mailing Address:**

312 PRATHER DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

312 PRATHER DRIVE  
FORT MYERS, FL 33919 US

**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.  
312 PRATHER DRIVE  
FORT MYERS, FL 33919 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: 312 PRATHER DRIVE  
City-St-Zip: FORT MYERS, FL 33919

**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 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

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date