2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056095

Entity Name: BARKLEY SURGICENTER, INC.

FILED Jan 18, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

63 BARKLEY CIR SUITE 104

FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

4790 BARKLEY CIRCLE BUILDING A FORT MYERS, FL 33907

FEI Number: 65-0428622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP

Name: FEIOCK, BRIAN D MD

Address: 4790 BARKLEY CIRCLE, BUILDING A

City-St-Zip: FORT MYERS, FL 33907

Title: VP

Name: LONGENDYKE, BRIAN E DO Address: 4790 BARKLEY CIRCLE, BUILDING A

City-St-Zip: FORT MYERS, FL 33907

Title: VP

Name: WEISS, MICHAEL H MD

Address: 4790 BARKLEY CIRCLE, BUILDING A

City-St-Zip: FORT MYERS, FL 33907

Title: VP

Name: BAYS, MICHAEL W DO

Address: 4790 BARKLEY CIRCLE, BUILDING A

City-St-Zip: FORT MYERS, FL 33907

Title: F

Name: NEEKAYTAN, SHARMA MD

Address: 4790 BARKLEY CIRCLE, BUILDING A

City-St-Zip: FORT MYERS, FL 33907

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 P 01/18/2010