

P940000041120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

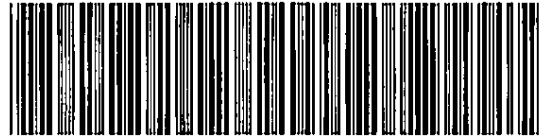
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TRANSMITTAL LETTER

P940000041120

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

4000001 1350174
100011 0000000000000000
****122.50 ****122.50

SUBJECT: Surgery and Laser Center of Southwest Florida, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for:

☐ \$70.00 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

R94-1961
FILED
MAY 21 PM 3:03
TALLAHASSEE, FLORIDA

FROM:

John A. Hirsch

Name (printed or typed)

17 Hawkes Street

Address

Marblehead, MA 01945

City, State & Zip

(617) 631-7817

Daytime Telephone number

ds 6/1/94

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
MAY 27 PM 3 03
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Surgery and Laser Center of Southwest Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

29 Barkley Circle
Ft. Myers, FL 33907

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares, par value = \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karen Bell
Eye Health of Ft. Myers
29 Barkely Circle
Ft. Myers, FL 33907

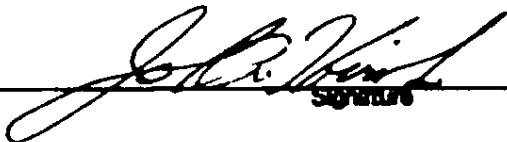
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

John A. Hirsch
Ophnet Inc.
17 Hawkes Street
Marblehead, MA 01945

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of May, 1994.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED
MAY 27 1994
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Surgery and Laser Center of Southwest Florida Inc.

2. The name and address of the registered agent and office is:

Karen Bell

(Name)

Eye Health of Ft. Myers
29 Barkley Circle

(P.O. Box not acceptable)

Ft. Myers, FL 33907

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Karen A. Bell
(Signature)

5/23/94

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:04

DOCUMENT # P94000041120 (4)

1. Corporation Name

**SURGERY AND LASER CENTER OF SOUTHWEST FLORIDA, I
INC.**

Principal Place of Business

**20 BARKLEY CIR
FT MYERS FL 33907**

Mailing Address

**20 BARKLEY CIR
FT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

05/27/1994

2. Principal Place of Business

2a. Mailing Address

**20 BARKLEY CIR
FT MYERS FL 33907**

**20 BARKLEY CIR
FT MYERS FL 33907**

4. FEI Number

65-0502027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BELL, KAREN
20 BARKLEY CIR
FT MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Required to print) - name of registered agent and fee if applicable

(NOT: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☐ Change ☒ Addition
1.2 NAME	Quigley, Thomas A. III	
1.3 STREET ADDRESS	29 Barkley Circle	
1.4 CITY - ST - ZIP	FT. MYERS, FL 33907	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Hirsch, John A.	
2.3 STREET ADDRESS	17 Hawkes ST	
2.4 CITY - ST - ZIP	MARLBOROUGH, MA 01945	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Zella, Arnold W.	
3.3 STREET ADDRESS	17 Hawkes Street	
3.4 CITY - ST - ZIP	MARLBOROUGH, MA 01945	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Thomas A. Quigley, III, M.D.

813-276-3696

Original Filed

P9400004/120

John A. Hirsch

(Requester's Name)

17 Hawkes Street

(Address)

Marblehead, MA 01945

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

400001511674

-06/13/95--01042--005

*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

☒	Amendment <i>Name Change</i>
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
1995 JUN 12 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials *LFT*

FILED

ARTICLES OF AMENDMENT
TO

1985 JAN 12 AM 9:51

ARTICLES OF INCORPORATION

SECRETARY OF STATE
PALM BEACH, FLORIDA

Surgery and Laser Center of Southwest Florida, Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article I (Name) Amended:

Surgery and Laser Center of Southwest Florida, Inc.

changed to:

St. John's Surgey Center, Inc.

Article II (Place of Business) Amended:

29 Barkley Circle, Fort Meyers, FL 33907

changed to:

8901 Conference Drive, Fort Meyers, FL 33919

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

NA

THIRD: The date of each amendment's adoption: May 30, 1995 .

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholder.. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 6th of June, 19 95.

Signature

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholder)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

John A. Hirsch

Typed or printed name

Secretary

Title