P94000041120

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P94000041120

TRANSMITTAL LETTER

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

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

R94-1961

FILED
MAY 27 PM 3:03

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

FROM: John A. Hirsch
Name (printed or typed)

17 Hawkes Street
Address

Marblehead, MA 01945
City, State & Zip

(617) 631-7817
Daytime Telephone number

JAH 6/1/94

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) 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, 19 94.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED
94 MAY 27 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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, INC.

Principal Place of Business	Mailing Address
29 BARKLEY CIR FT MYERS FL 33907	29 BARKLEY CIR FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994	3a. Date of Last Report:
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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip / 25. Country	29. Zip / 30. Country

9. Name and Address of Current Registered Agent

BELL, KAREN
29 BARKLEY CIR
FT MYERS FL 33907

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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 _____ DATE
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☒ Addition PST Quigley, Thomas A. III 29 Barkley Circle Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☒ Addition D Hirsch, John A. 17 Hawkes ST Marblehead, MA 01945
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☒ Addition D Zalla, Arnold W. 17 Hawkes Street Marblehead, MA 01945
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(i), 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, MD 813-278-3636
Name and title of officer or agent, if applicable. Date Daytime Phone #

P94000041120

John A. Hirsch
(Requestor's Name)
17 Hawkes Street
(Address)
Marblehead, MA 01945
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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-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 Name Change
	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
95 JUN 12 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials	MJ

6-20-95

CR2E031(10/92)

FILED

95 JUN 12 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

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 Surgery 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 _____ Secretary
(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