

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048571

FILED
Apr 26, 2012
Secretary of State

Entity Name: NEWGATE SURGERY CENTER, INC.

Current Principal Place of Business:

5200 TAMIAMI TRAIL NORTH STE 202
NAPLES, FL 34103 US

New Principal Place of Business:

5200 TAMIAMI TRAIL NORTH
SUITE 202
NAPLES, FL 34103 US

Current Mailing Address:

5200 TAMIAMI TRAIL NORTH STE 202
NAPLES, FL 34103 US

New Mailing Address:

5200 TAMIAMI TRAIL NORTH
SUITE 202
NAPLES, FL 34103 US

FEI Number: 65-0588233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KIMBERLY L
4501 TAMIAMI TRAIL NORTH STE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CRANE, REBECCA L
5200 TAMIAMI TRAIL NORTH
SUITE 202
NAPLES, FL 34103 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: REBECCA CRANE

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CRANE, REBECCA L
Address: 5200 TAMIAMI TRAIL NORTH STE 202
City-St-Zip: NAPLES, FL 341032817

Title: VPS
Name: MASTER, NALIN T
Address: 5200 TAMIAMI TRAIL NORTH STE 202
City-St-Zip: NAPLES, FL 341032817

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: REBECCA CRANE

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date