

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06505

Entity Name: SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY, INC.

Current Principal Place of Business:

3700 CENTRAL AVENUE, SUITE 2
FT. MYERS, FL 33901

Current Mailing Address:

3700 CENTRAL AVENUE, SUITE 2
FT. MYERS, FL 33901

FEI Number: 59-2430569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ADAM CARR, AUTHORIZED PERSON

04/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR

Name BRUECK, ROBERT J.

Address 3700 CENTRAL AVENUE, SUITE 2

City-State-Zip: FT. MYERS FL 33901

Title DIRECTOR

Name GOLOSOW, LORRAINE M.

Address 3700 CENTRAL AVENUE, SUITE 2

City-State-Zip: FT. MYERS FL 33901

Title DIRECTOR

Name KIM, MICHAEL K.

Address 3700 CENTRAL AVENUE, SUITE 2

City-State-Zip: FT. MYERS FL 33901

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: ROBERT BRUECK

PRESIDENT

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date