2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2016
Secretary of State
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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:

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606 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

Officer/Director Detail :

Title	DP	Title	DST
Name	BRUECK, ROBERT JMD	Name	GOLOSOW, LORRAINE MMD
Address	3700 CENTRAL AVE.	Address	3700 CENTRAL AVE
City-State-Zip:	FT. MYERS FL 33901	City-State-Zip:	FT MYERS FL 33901

Title	D
Name	KIM, MICHAEL K
Address	3700 CENTRAL AVE SUITE 1
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 J. BRUECK ADMINISTRATOR 03/09/2016

Electronic Signature of Signing Officer/Director Detail — Date