## **2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K41151

Entity Name: SURGICARE CENTER, INC.

**Current Principal Place of Business:** 

4101 EVANS AVENUE FT. MYERS, FL 33901

**Current Mailing Address:** 

4101 EVANS AVENUE FT. MYERS, FL 33901

FEI Number: 65-0078711 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JEANNE 4101 EVANS AVENUE FT. MYERS, FL 33901 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: JEANNE SMITH 02/26/2013

Electronic Signature of Registered Agent

Date

FILED Feb 26, 2013

**Secretary of State** 

CC0799472919

Officer/Director Detail:

Title PD

Name BROWN, DAVID C Address 4101 EVANS AVE

City-State-Zip: FORT MYERS FL 33901

SIGNATURE: DAVID C BROWN

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.

**PRES**