

2020 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:

MOFFITT, KATHRYN
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: KATHRYN MOFFITT

05/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BROWN, DAVID C
Address 4101 EVANS AVE
City-State-Zip: FORT 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: DAVID BROWN

PRES

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date