

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000011404

**Entity Name:** NAPLES SURGERY CENTER, INC.

**Current Principal Place of Business:**

4120 DEL PRADO BLVD  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 100181  
CAPE CORAL, FL 33910 US

**FEI Number:** 45-3732356

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, STEVEN E  
3701 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 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 P  
Name TYSON, FARRELL CII  
Address 4120 DEL PRADO BLVD.  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name TYSON, MICHELE  
Address 4120 DEL PRADO BLVD.  
City-State-Zip: CAPE CORAL FL 33904

*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:** FARRELL TYSON

P

02/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date