

2014 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	Title	VP
Name	TYSON, FARRELL CII	Name	TYSON, MICHELE
Address	4120 DEL PRADO BLVD.	Address	4120 DEL PRADO BLVD.
City-State-Zip:	CAPE CORAL FL 33904	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 C. TYSON II

CEO

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date