2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2018
Secretary of State
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Entity Name: ST. JOHN'S SURGERY CENTER, INC.

Current Principal Place of Business:

8901 CONFERENCE DRIVE
FT. MYERS, FL 33919

Current Mailing Address:

8901 CONFERENCE DRIVE
FT. MYERS, FL 33919

FEI Number: 65-0502027

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BELL, KAREN
6091 SOUTH POINTE BLVD
FT MYERS, FL 33919 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	PD	Title	SD
Name	QUIGLEY III, THOMAS A	Name	HIRSCH, JOHN A
Address	6091 SOUTH POINTE BLVD	Address	12548 LAKE DENISE BLVD
City-State-Zip:	FT. MYERS FL 33919	City-State-Zip:	CLERMONT FL 34712

Title	TD
Name	ZOLLA, RONALD W
Address	1 MICHAEL SUCCI DRIVE
City-State-Zip:	PORTSMOUTH NH 03801

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: THOMAS A QUIGLEY III PRESIDENT 01/12/2018

Electronic Signature of Signing Officer/Director Detail — Date