

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000041120

**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  
Name QUIGLEY III, THOMAS A  
Address 6091 SOUTH POINTE BLVD  
City-State-Zip: FT. MYERS FL 33919

Title SD  
Name HIRSCH, JOHN A  
Address 12548 LAKE DENISE BLVD  
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

PD

04/12/2014

Electronic Signature of Signing Officer/Director Detail

Date