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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N41504

(4)

DOCUMENT #

1. Corporation Name SOCIETY OF LAPAROENDOSCOPIC SURGEONS, INC.

	OF EMPAROLINDO						
Principal Place of	Business	Mailing Address			i id bisson i die die bode eichne dereit ##ref i	1   1   1   1   1   1   1   1   1   1	1911 <b>912</b> 11 1991
7330 S.W. 62ND PLACE \$410 SOUTH MIAMI FL 33143			7330 S.W. 62ND PLACE S410 SOUTH MIAM! FL 33143				
					3 Date to comparated or Qualified 3a. Date of Last Report		
		000117 811/1111 7 6			<ol> <li>Date Incorporated or Qualified 12/28/1990</li> </ol>	05/01/19	
Principal Place	e of Business	2a. Mailing Address	3		4. FEI Number	<del>- +-</del>	pplied For
rincipa riaci	e or pasmoss	26			65-0227883		ot Applicabl
Suite, Apt. #,	etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	¥ - · · -	Additional equired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		B. This corporation has liability for in	ntangible tax under s.	199.032,
210	25	29	30			Yes No	
	9. Name and Address of	of Current Registered Agent			10. Name and Address of New Ro	egistered Agent	
				ame			
WETTER,	PAUL A.		<b>82</b> S	treet Aridress	(P.O. Box Number is Not Acceptable	(e)	
	/. 62ND PLACE		83				
#410			63				0-1-
SOUTH M	AIAM1 FL 33143		84 (	City		FL 85 Zip	Code
familiar with	i, and accept the obligation	ns of, Section 617.0503, Florida S	tatutes.		on suprimits this statement for the por of directors. I hereby accept the appo		
IGNATURE _	Slocative typeg or printed came of re-	gistered agent and title Lappi cable	(NOTE Flegistered Agent si	nature required wh	hen renstuting)	DATE	50.0.76
S	Signature, typeo or printed name of re-	gistered agent and title Lapplicable		gnature required wh	non renstating. ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
2.			(NOTE Flegistered Agent signal.	nature required wh	non rematuting). AODITIONS/CHANGES TO OFF		RS IN 12
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Paul WETTER. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

3/6/96 305-665-9959