FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90166 049 ****61.25

DOCUMENT # **N41504**

	MEN! # 11415U4	+						
1. Corporation Name SOCIETY OF LAPAROENDOSCOPIC SURGEONS, INC.								
						•		
Principal Place	e of Business	Mailing Address						
7330 S.W. 62ND PLACE 7330 S.W. 62ND PLACE								
SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143								
SOUTH MINNI	FL 33143	SOUTH MARKET COSTS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*		
Principal Place of Business					3. Date Incorr	porated or Qualifed		
─ '	Principal Place of Business 26				12/28/19	90	•	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Numbe	٠ ١	App	plied For
		27	⊢ ,			383	Not	t Applicable
City & State		City & State		5. Certificate of	of Status Desired	\$8.75 A		
23		28		U. Certificate C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fee Re		
Zip Country		Žip			6. Election Campaign Financing \$5.00 N			
24 25 29			30		Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and	Address of New Register	o Agent	
			"				:	
WETTER, PAUL A.			82	Street Ad	dress (P.O. Box Nur			
7330 S.W. 62ND PLACE			83	 				<u>-</u>
#410								
SOUTH MIAMI FL 33143			84 City			<i>,</i> . F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508. Florida Statutes	s, the abov	re-named co	rporation submits th	is statement for the purpose	of changing its	registered
office or a	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such channa was all	เกดตรคด ถง	the comora	tion's board of direc	tors. I hereby accept the ap	pointment as reg	jistered
-	m tantillar with, and accept the oung	alloris of, Declion of 1.0000, 1 tork	aa otatoto	.			7	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Age	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS	CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			• • •	Change	Addition
NAME	WETTER, PAUL A., MD		1.2 NAME					
STREET ADDRESS			1.3 STREE	TADORESS		· ·	•	
CITY-ST-ZIP	SOUTH MIAMI FL	——————————————————————————————————————	1,4 CITY-8	ST-ZIP			☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			• .	□ Change	
NAME	FIELDSTONE, RONALD	NTE 4000	2.2 NAME			,		
STREET ADDRESS	2601 S BAYSHORE DRIVE SUITE 1600		2.3 STREET ADDRESS		•			
CITY-ST-ZIP	MIAMI FL 33133	DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP			Change	Addition
TITLE	_		3.2 NAME				_ •	
NAME	7000 0141 00 41/5		1	ET ADDRESS				
STREET ADDRESS	S MIAMI FL		3,4, CITY-			•		
CITY-ST-ZIP TITLE	O MID WITE	☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME	:	•			-
STREET ADDRESS			4.3 STREE	ET ADDRESS				,
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP		<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			ŀ	☐ Change	☐ Addition
NAME			5.2 NAME			,		
STREET ADDRESS			5.3 STREE	ET ADORESS				1
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	· Addition
NAME			6.2 NAME	Į.				ļ
STREET ADDRESS	ĺ			ET ADDRESS				
CITY-ST-7/P	I		6.4 CITY-	ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copperation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in . Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/10/99

200 July - action