

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90130 003 \*\*\*\*61.25

DOCUMENT # **N41504**

1. Entity Name

**SOCIETY OF LAPAROENDOSCOPIC SURGEONS, INC.**

Principal Place of Business

Mailing Address

7330 S.W. 62ND PLACE  
S410  
SOUTH MIAMI FL 33143

7330 S.W. 62ND PLACE  
S410  
SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0227883**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WETTER, PAUL A.**  
**7330 S.W. 62ND PLACE**  
**#410**  
**SOUTH MIAMI FL 33143**

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D WETTER, PAUL A., MD**  
STREET ADDRESS **7330 S.W. 62ND PL #410**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE  Change  Addition  
NAME **D DANIS L. CHINNOCK**  
STREET ADDRESS **7330 SW 62 PL. #410**  
CITY-ST-ZIP **MIAMI, FL 33143**  
**OPERATIONS OFFICER**

TITLE  Delete  
NAME **D FIELDSTONE, RONALD**  
STREET ADDRESS **2801 S BAYSHORE DRIVE SUITE 1600**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SUAREZ, CARLOS, M.D.**  
STREET ADDRESS **7000 SW 62 AVE**  
CITY-ST-ZIP **S MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: RIC CHINNOCK**

**1/30/02**

**305-665-9959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)