

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90022 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000015406

1. Corporation Name  
**ACCESS SURGICAL, INC.**



Principal Place of Business 1229 FALLS BOULEVARD FORT LAUDERDALE FL 33327	Mailing Address 1229 FALLS BOULEVARD FORT LAUDERDALE FL 33327
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>318 INDIAN TRACE #537</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT LAUDERDALE, FL</b> Zip 24 <b>33326</b> 25 Country	2a. Mailing Address 26 <b>318 INDIAN TRACE #537</b> Suite, Apt. #, etc. 27 City & State 28 <b>FT LAUDERDALE, FL</b> Zip 29 <b>33326</b> 30 Country
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3. Date Incorporated or Qualified <b>02/18/1997</b>	4. FEI Number <b>65-0729192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

81 Name <b>JOHSILDA GARCIA</b>	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable) <b>1229 FALLS BLVD</b>	
83	
84 City <b>FT LAUDERDALE</b>	85 Zip Code <b>FL 33327</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, JOHSILDA</b>		1.2 NAME <b>GARCIA JOHSILDA</b>	
STREET ADDRESS <b>1229 FALLS BOULEVARD</b>		1.3 STREET ADDRESS <b>1229 FALLS BLVD</b>	
CITY-ST-ZIP <b>WESTON FL 33327</b>		1.4 CITY-ST-ZIP <b>WESTON, FL 33327</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>JACQUELINE MONT</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>1229 FALLS BLVD</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>WESTON, FL 33327</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHSILDA GARCIA 3-5-99 954 349 1292  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)