FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

P95000088452 (4)

VIDEOSCOPIC SURGERY INSTITUTE OF MIAMI, INC.

7800 S.W. 87 AVENUE #8210 MIAMI FL 33173 Mailing Address

7800 S.W. 87 AVENUE #B210 MIAMI FL 33173



95 JAN 23 AHTI: 51

SECALIZAM OF STATE TALLAHASSEE, FLORIDA



				Date Incorporated or Qualified 3a. Date of Last Report 11/17/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied F
21		26		Not Appli
Sute, Apt	#, etc.	Suite, Apt. #, etc.		SR 75 Additio
22		27		5. Certificate of Status Desired Fee Required
City & Stat	fe .	City & State		6. Election Campaign Financing \$5.00 May B
23		28		Trust Fund Contribution Added to Fees
<u>Ζ</u> η:	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
				60000170845
PEREZ, RAFAEL A			82 Str	treet Address (P.O. Box Number is No 02 20 50 6 96 - 01120 - 020
	.W. THIRD AVENUE #205			****200.00 ****200.0
, MIAMI I	FL 33129		83	
			84 Cit	
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or register familiar wi S:GNATURE	red agent, or both, in the State of FI allh, and accept the obligations of Si State Companies of registered agents of registered as	ection 607.0505, Florida Statut	rized by the corporations.	ned corporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered agent. I
12.		AND DIRECTORS	13.	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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I do note by certify that the information supplied with this libring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this angual pripor or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out, that I am an officer or director of the go population in 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 changes, or in attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (305)271-9777

CR2E034 (12/95)