

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2016
Secretary of State
CC1651550631

Entity Name: SOCIETY OF ROBOTIC SURGERY, INC

Current Principal Place of Business:

1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173

Current Mailing Address:

1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173 US

FEI Number: 26-4487399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KIM, KEITH CHAE DR.
Address METABOLIC MEDICINE AND
 SURGERY
 410 CELEBRATION PLACE SUITE 401
City-State-Zip: CELEBRATION FL 34747

Title VP
Name PATEL, VIPUL DR.
Address FLORIDA HOSPITAL - CELEBRATION
 HEALTH
 410 CELEBRATION PLACE SUITE 200
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY
Name O'MALLEY, BERT DR.
Address THE UNIVERSITY OF PENNSYLVANIA
 HEALTH SYSTEM
 3400 SPRUCE STREET - 5 RAVDIN
City-State-Zip: PHILADELPHIA PA 19104

Title TREASURER
Name GHARAGOZLOO, FARID DR.
Address 410 CELEBRATION PLACE
 SUITE 302B
City-State-Zip: CELEBRATION FL 34747

Title EXECUTIVE DIRECTOR
Name SWANSON, HEATHER
Address 1100 E WOODFIELD RD, STE 350
City-State-Zip: SCHAUMBURG IL 60173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FARID GHARAGOZLOO, MD, FACS

TREASURER

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date