

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002579

**Entity Name:** SOCIETY OF ROBOTIC SURGERY, INC

**Current Principal Place of Business:**

1100 E. WOODFIELD ROAD  
SUITE 520  
SCHAUMBURG, IL 60173

**Current Mailing Address:**

1100 E. WOODFIELD ROAD  
SUITE 520  
SCHAUMBURG, IL 60173

**FEI Number:** NOT APPLICABLE

**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 D  
Name PATEL, VIPUL  
Address 8328 LAKE BURDEN CIRCLE  
City-State-Zip: WINDERMERE FL 34786

Title P  
Name ADVINCULA, ARNOLD  
Address 1500 E. MEDICAL CENTER DR  
City-State-Zip: ANN ARBOR MI 48109

Title SC/T  
Name BOGGESS, JOHN  
Address 101 MANNING DRIVE  
City-State-Zip: CHAPEL HILL NC 27514

Title PP  
Name WEINSTEIN, GREGORY  
Address 3400 SPRUCE STREET #5  
City-State-Zip: PHILADELPHIA PA 19104

Title D  
Name MOTTRIE, ALEXANDER  
Address MOORSELBAAN 164  
City-State-Zip: AALST 9300 BELGIUM FL 34786

Title EXD  
Name WEISER, WENDY J  
Address 1100 E WOODFIELD RD, STE 520  
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:** VIPUL PATEL

D

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date