

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002579

FILED
Feb 17, 2020
Secretary of State
0755118602CC

Entity Name: SOCIETY OF ROBOTIC SURGERY, INC

Current Principal Place of Business:

1061 E MAIN STREET
SUITE 300
EAST DUNDEE, IL 60118

Current Mailing Address:

1061 E MAIN STREET
SUITE 300
EAST DUNDEE, IL 60118 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 EXECUTIVE DIRECTOR
Name PATEL, VIPUL DR.
Address FLORIDA HOSPITAL - CELEBRATION HEALTH
410 CELEBRATION PLACE SUITE 200
City-State-Zip: CELEBRATION FL 34747

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

Title ADMINISTRATIVE DIRECTOR
Name O'SULLIVAN, SUE
Address 1061 E MAIN STREET SUITE 300
City-State-Zip: EAST DUNDEE IL 60118

Title SECRETARY
Name MARTINO, MARTIN MD
Address 1240 S CEDAR CREST BLVD SUITE 401
City-State-Zip: ALLENTOWN PA 10103

Title TREASURER
Name ABBAS, GHULAM DR.
Address 1 MEDICAL CENTER DRIVE
City-State-Zip: MORGANTOWN WV 26506

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: SUE O'SULLIVAN

**ADMINISTRATIVE
DIRECTOR**

02/17/2020

Electronic Signature of Signing Officer/Director Detail

_____ Date