## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002579

Entity Name: SOCIETY OF ROBOTIC SURGERY, INC

FILED
Apr 25, 2017
Secretary of State
CC3392118676

## **Current Principal Place of Business:**

2575 NORTHWEST PARKWAY

ELGIN, IL 60124

## **Current Mailing Address:**

2575 NORTHWEST PARKWAY ELGIN, IL 60124 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

Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name KIM, KEITH CHAE DR. Name PATEL, VIPUL DR.

Address METABOLIC MEDICINE AND Address FLORIDA HOSPITAL - CELEBRATION

HEALTH

410 CELEBRATION PLACE SUITE 401 410 CELEBRATION PLACE SUITE 200

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title SECRETARY Title TREASURER

Name O'MALLEY, BERT DR. Name GHARAGOZLOO, FARID DR.

Address THE UNIVERSITY OF PENNSYLVANIA Address 410 CELEBRATION PLACE

HEALTH SYSTEM SUITE 302B 3400 SPRUCE STREET - 5 RAVDIN City State Zie: CEL ERRATIC

City-State-Zip: PHILADELPHIA PA 19104

City-State-Zip: CELEBRATION FL 34747

Title EXECUTIVE DIRECTOR

SURGERY

Name O'SULLIVAN, SUE

Address 2575 NORTHWEST PARKWAY

City-State-Zip: ELGIN IL 60124

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 EXECUTIVE DIRECTOR 04/25/2017