

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 24, 2015
Secretary of State
CC5766950667

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: 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	PRESIDENT
Name	MOTTRIE, ALEX DR.
Address	ONZE-LIEVE-VROUWZIEKENHUIS UROLOGY CHARTER OLV CLINIC
City-State-Zip:	AALST BELGIUM 1300
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	EXD
Name	WEISER, WENDY J
Address	1100 E WOODFIELD RD, STE 350
City-State-Zip:	SCHAUMBURG IL 60173

Title	VP
Name	PATEL, VIPUL DR
Address	FLORIDA HOSPITAL - CELEBRATION HEALTH 410 CELEBRATION PLACE SUITE 200
City-State-Zip:	CELEBRATION FL 34747
Title	TREASURER
Name	Gharagozloo, Farid DR
Address	UIVERSITY OF ARIZONA MEDICAL CENTER SECTION OF THORACIC SURGERY 1501 N CAMPBELL AVE SUITE 4302
City-State-Zip:	TUCSON AZ 85724

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

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date