#### 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: JANIS CHINNOCK

Electronic Signature of Signing Officer/Director Detail

**OPERATIONS OFFICER** 01/09/2017

# Name and Address of Current Registered Agent:

SOUTH MIAMI, FL 33143 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

Officer/Director Detail :			
Title	CHAIRMAN	Title	D
Name	WETTER, PAUL A., MD	Name	FIELDSTONE, RONALD
Address	7330 S.W. 62ND PL #410	Address	201 ALHAMBRA CIRCLE, STE 601
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	CORAL GABLES FL 33134
Title	D		
Name	CHINNOCK, JANIS L		
Address	7330 SW 62 PL.#410		
City-State-Zip:	MIAMI FL 33143		

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N41504

Entity Name: SOCIETY OF LAPAROENDOSCOPIC SURGEONS, INC.

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

7330 S.W. 62ND PLACE #410 SOUTH MIAMI, FL 33143

## **Current Mailing Address:**

7330 S.W. 62ND PLACE F#410 SOUTH MIAMI, FL 33143

## FEI Number: 65-0227883

WETTER, PAUL A. 7330 S.W. 62ND PLACE #410

Certificate of Status Desired: Yes

Date

Date