

**2019 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

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LANZAFAME, RAYMOND J DR.  
7330 S.W. 62ND PLACE  
#410  
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:** RAYMOND J. LANZAFAME, MD MBA FACS

02/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name WETTER, PAUL A., MD  
Address 7330 S.W. 62ND PL #410  
City-State-Zip: SOUTH MIAMI FL 33143

Title D  
Name FIELDSTONE, RONALD  
Address 201 ALHAMBRA CIRCLE, STE 601  
City-State-Zip: CORAL GABLES FL 33134

Title CEO  
Name LANZAFAME, RAYMOND J DR  
Address 7330 SW 62 PL.#410  
City-State-Zip: MIAMI FL 33143

*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:** RAYMOND J. LANZAFAME, MD MBA FACS

EXECUTIVE DIRECTOR

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date