

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602641

**Entity Name:** THE SURGICAL GROUP OF MIAMI, P.A.

**Current Principal Place of Business:**

8900 N KENDALL DRIVE  
504  
MIAMI, FL 33176

**Current Mailing Address:**

8900 N KENDALL DRIVE  
504  
MIAMI, FL 33176

**FEI Number:** 59-1309980

**Certificate of Status Desired:** No

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

DEPPMAN, BARBARA  
8900 N KENDALL DRIVE  
504  
MIAMI, FL 33176 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:** BARBARA DEPPMAN

02/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name KATZMAN, HOWARD E  
Address 8900 N KENDALL DRIVE, #504  
City-State-Zip: MIAMI FL 33176

Title VP  
Name COELLO, ABILIO DR.  
Address 8900 N KENDALL DRIVE, #504  
City-State-Zip: MIAMI FL 33176

Title VP,D  
Name RUA, IGNACIO MD  
Address 8900 N KENDALL DRIVE, #504  
City-State-Zip: MIAMI FL 33176

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD E. KATZMAN, MD

P, D

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date