

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000011018

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC1274207248**

**Entity Name:** SURGEONS GROUP OF MIAMI PA

**Current Principal Place of Business:**

6705 RED ROAD  
#504  
CORAL GABLES, FL 33143

**Current Mailing Address:**

P.O. BOX 430980  
MIAMI, FL 33243

**FEI Number:** 46-5412574

**Certificate of Status Desired:** No

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

SANTIAGO, CARLOS  
6705 RED ROAD  
#504  
CORAL GABLES, 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SANTIAGO, CARLOS  
Address 6705 RED ROAD #504  
City-State-Zip: CORAL GABLES FL 33143

Title VP  
Name SALAZAR, JUAN  
Address 6705 RED ROAD #504  
City-State-Zip: CORAL GABLES FL 33143

Title VP  
Name VILLEGAS, SERGIO  
Address 6705 RED ROAD #504  
City-State-Zip: CORAL GABLES FL 33143

Title VP  
Name SABATES, BRAULIO  
Address 6705 RED ROAD #504  
City-State-Zip: CORAL GABLES 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN SALAZAR, M.D.

VP

02/15/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date