

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000071693

Entity Name: MIAMI SURGICAL CENTER,INC.

Current Principal Place of Business:

12835 NW10TH LN
MIAMI, FL 33182

Current Mailing Address:

12835 NW 10TH LN
MIAMI, FL 33182 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAM, ORLANDO
12835 NW 10TH LN
MIAMI, FL 33182 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 SAM, ORLANDO
Address 12835 NW 10TH LN
City-State-Zip: MIAMI FL 33182

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: ORLANDO SAM

P

02/13/2015

Electronic Signature of Signing Officer/Director Detail

Date