

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000035525

**Entity Name:** ABH SURGICAL INC

**Current Principal Place of Business:**

465 NW 34 AVE  
MIAMI, FL 33125

**Current Mailing Address:**

465 NW 34 AVE  
MIAMI, FL 33125 US

**FEI Number:** 83-4602143

**Certificate of Status Desired:** No

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

PEREZ, YASSER  
465 NW 34 AVE  
MIAMI, FL 33125 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 PEREZ, YASSER  
Address 465 NW 34 AVE  
City-State-Zip: MIAMI FL 33125

*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:** YASSER PEREZ

**PRESIDENT**

**06/26/2020**

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

\_\_\_\_\_  
Date