

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548200

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTE OF SURGERY, P.A.

Current Principal Place of Business:

404 E. ATLANTIC BLVD.
SUITE 101
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062 US

Current Mailing Address:

404 E. ATLANTIC BLVD.
SUITE 101
POMPANO BEACH, FL 33060 US

New Mailing Address:

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062 US

FEI Number: 59-1767252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, STUART S ESQ.
404 E. ATLANTIC BLVD.
SUITE 101
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

ROSENTHAL, STUART S ESQ.
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARRASQUILLA MD, CARLOS
Address: 7431 N. UNIVERSITY DRIVE, SUITE 211-A
City-St-Zip: TAMARAC, FL 33321 US

Title: VPD () Delete
Name: ESPOSITO, MD, PAUL
Address: 7431 N. UNIVERSITY DRIVE, SUITE 211-A
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARRASQUILLA MD, CARLOS
Address: 201 N.W. 82ND AVENUE SUITE 405
City-St-Zip: PLANTATION, FL 33324 US

Title: VPD (X) Change () Addition
Name: ESPOSITO, MD, PAUL
Address: 201 N.W. 82ND AVENUE SUITE 405
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS CARRASQUILLA

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date