2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602641

1321 NW 14TH ST

MIAMI, FL 33125

Address: City-St-Zip:

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

FILED Mar 31, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1321 N.W. MIAMI, FL	14TH STREE 33125	Г, STE., #306			
Current Mailing Address:			New Mailing Address:		
1321 N.W. MIAMI, FL	14TH STREE 33125	T, STE., #306			
FEI Number:	: 59-1309980	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	I, HOWARD E 14TH STREE 33125 US	T STE. #306			
	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () KATZMAN, HOV 1321 N.W. 14TI MIAMI, FL	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () COELLO, ABILI 1321 N.W. 14TI MIAMI, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S () RUA, IGNACIO	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: HOWARD E. KATZMAN DR. 03/31/2009