

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

#61.

FILED

Jul 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT #  
1. Corporation Name

698330  
Coral View Ambulatory Surgery, Inc.

Principal Place of Business

Mailing Address

8390 W Flagler Street  
Suite 216  
Miami, FL 33144

8390 W Flagler Street  
Suite 216  
Miami, FL 33144

AMENDMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/07/1981	59-2116732	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
24 Country	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		Yes No		

9. Name and Address of Current Registered Agent

JOSE N. SUAREZ, CPA  
2913 NW 97th Court  
Miami, FL 33172

10. Name and Address of New Registered Agent

81 Name Victor SUAREZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8390 W. Flagler Street  
84 Suite 216  
85 City miami FL Zip Code 33144

11. Pursuant to the provisions of Sections 607.1502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both. The change was authorized by the corporation and its directors and its officers and its agent. I am familiar with and accept the obligations of Sections 607.1505, Florida Statutes.

SIGNATURE: [Signature] VICTOR N. SUAREZ, PRESIDENT 7-12-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JOSE N. SUAREZ, CPA	1.2 NAME	VICTOR SUAREZ
STREET ADDRESS	2913 N.W. 97th Court	1.3 STREET ADDRESS	8390 W. Flagler Street, #216
CITY-ST-ZIP	miami, FL 33172	1.4 CITY-ST-ZIP	miami, FL 33144
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	100002607174
NAME		5.2 NAME	-08/04/98---01072---023
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement/annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or both, and that I am authorized to execute this statement required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] VICTOR N. SUAREZ-PRES. 7-12-98 305-2265574

CR2E034 (10/97)

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: CORAL VIEW AMBULATORY SURGERY, INC.

2. The name and address of the registered agent and office is:

Victor N. Suarez

8390 W. Flagler Street

Suite 216

Miami, Florida 33144

Signature: \_\_\_\_\_

*Victor N. Suarez*

Title: Incorporator

Date: \_\_\_\_\_

6-28-98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: \_\_\_\_\_

*Victor N. Suarez*

Date: \_\_\_\_\_

6-28-98