


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90064 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729488					
1. Corporation Name CUBAN SOCIETY OF SURGERY, INC.					
Principal Place of Business 5959 NW 7TH ST MIAMI FL 33126			Mailing Address 5959 NW 7TH ST MIAMI FL 33126		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0105114	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORA, MICHAEL J ESQ 701 N.W. 57TH AVENUE SUITE 200 MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLASENCIA, GUSTAVO M.D.			1.2 NAME			
STREET ADDRESS	9195 SUNSET DRIVE., STE 230			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ-YOSERV, RAFAEL M.D.			2.2 NAME			
STREET ADDRESS	8396 S.W. 8TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33144			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAMONTE, III, MANUEL M.D.			3.2 NAME			
STREET ADDRESS	9195 SUNSET DRIVE., STE 230			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	VASD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALDERIN, CAROLA			4.2 NAME			
STREET ADDRESS	5959 N.W. 7TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			4.4 CITY-ST-ZIP			
TITLE	VATD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEJIDOR, ROBERTO			5.2 NAME			
STREET ADDRESS	5959 N.W. 7TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORA, MICHAEL J			6.2 NAME			
STREET ADDRESS	701 N.W. 57TH AVENUE., STE 200			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			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 supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 (305) 265-6400