FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751168 (6)

1. Corporation Name

SOUTH FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, INC.

Principal Place of Business	Mailing Address
26 MIAMI FL 33130 US	25 S.E. 2ND AVENUE SUITE 600 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1980
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7416597 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 537-B Burlington St.
22: Suite, Apt. #, etc.
23: Opa-Locka, FL
24: Zip 33054 25: Country

2a. Mailing Address
26: P.O. Box 540363
27: Suite, Apt. #, etc.
28: Opa-Locka, FL
29: Zip 33054 30: Country Dade

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WELCHER, ROGER G
25 S.E. 2ND AVENUE, SUITE 600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Bill Bouck
82 Street Address (P.O. Box Number is Not Acceptable): 537-B Burlington St.
83:
84 City: Opa-Locka FL 85 Zip Code: 33054

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bill Bouck — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — 4/17/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DAVIS, DALE G. M.D.	1.2 NAME	Carlos Suarez, M.D.	
STREET ADDRESS	7100 WEST 20TH AVENUE, SUITE 105	1.3 STREET ADDRESS	7000 SW 62 Ave., Ste. 210	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	S. Miami, FL 33143	
TITLE	ST	2.1 TITLE	ST	☐ Change ☒ Addition
NAME	SUAREZ, CARLOS M	2.2 NAME	Robert Derhagopian, M.D.	
STREET ADDRESS	7000 S.W. 62ND AVENUE, SUITE 340	2.3 STREET ADDRESS	6280 Sunset Dr., Ste. 504	
CITY-ST-ZIP	SOUTH MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BOUCK, BILL	3.2 NAME		
STREET ADDRESS	537B BURLINGTON STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: ROBERT DERHAGOPIAN, M.D. 4-21-95 305-687-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000030