2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# 751168

Entity Name: SOUTH FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, INC.

Current Principal Place of Business:

537-B BURLINGTON ST
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 540363
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 23-7416597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUCK, BILL
537-B BURLINGTON STREET
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEXNER, STEVEN D MD
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

Title: D ( ) Delete
Name: BOUCK, BILL
Address: 18126 NW 61ST PLACE
City-St-Zip: MIAMI, FL 33015

Title: ST ( ) Delete
Name: COHEN, WILLIAM MD
Address: 7800 SW 87 AVE., STE C350
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COHEN, WILLIAM M MD
Address: 7400 S.W. 87 AVENUE, SUITE 240
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: SANDS, LAURENCE R MD
Address: 1475 N.W. 12 AVENUE, RM.#3550
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BOUCK D 01/30/2004
Electronic Signature of Signing Officer or Director Date