2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90031 022 ****61.25

DOCUMENT # 751168

1. Entity Name

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

Principal Place of Business	Mailing Address
537-B BURLINGTON ST OPA LOCKA FL 33054 US	PO BOX 540363 OPA LOCKA FL 33054 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7416597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOUCK, BILL 537-B BURLINGTON STREET OPA LOCKA FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHEN, WILLIAM M MD 7400 S.W. 87 AVENUE, SUITE 240 MIAMI FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAURENCE R. SANDS, M.D. 1475 N.W. 12 AVE., RM. #3550 MIA., FL. 33136	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUCK, BILL 18126 NW 61ST PLACE MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JUAN J. NOGUERAS, M.D. 2950 CHEVELAND CLINIC BLVD WESTON, FL. 33331	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SANDS, LAURENCE R MD 1475 N.W. 12 AVENUE, RM.#3550 MIAMI FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Bouck 2-16-06 305-687-1367