2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/24/2007-90045-008-$61.25-$61.25

DOCUMENT # 751168

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

FILED
07 FEB 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01032007 No Chg-NP CR2E037 (4/06)

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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

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

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDS, LAURENCE R MD
STREET ADDRESS	1475 NW 12AVE, RM# 3550
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	ST
NAME	NOGUERAS, JUAN J
STREET ADDRESS	2950 CLEVELAND CLINIC BLVD
CITY-ST-ZIP	WESTON, FL 33331
TITLE	ST
NAME	SANDS, LAURENCE R MD — Delete
STREET ADDRESS	1475 N.W. 12 AVENUE, RM.#3550
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	D
NAME	BOUCK, BILL
STREET ADDRESS	537 B BURLINGTON STREET
CITY-ST-ZIP	OPA-LOCKA, FL. 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 2-12-07 305-687-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel FEB 19 2007