

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751168

FILED
Jan 27, 2009
Secretary of State

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: ST () Delete
Name: NOGUERAS, JUAN J
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: BOUCK, BILL
Address: 537 B BURLINGTON STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: P () Delete
Name: NOGUERAS, JUAN J MD
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: ST (X) Delete
Name: YOUNG, JERROLD MD
Address: 6200 SUNSET DR STE 501
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOGUERAS, JUAN J
Address: 2950 CLEVELAND CLINIC BLVD
City-St-Zip: WESTON, FL 33331

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

Title: ST (X) Change () Addition
Name: YOUNG, JERROLD MD
Address: 6200 SUNSET DR STE 501
City-St-Zip: MIAMI, FL 33143

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/27/2009

Electronic Signature of Signing Officer or Director

Date