

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90227 040 ***150.00

DOCUMENT # L52555

1. Entity Name

SOUTH FLORIDA OUTPATIENT SURGERY, INC.

Principal Place of Business

**665 E 49 ST
HIALEAH FL 33013**

Mailing Address

**665 E 49 ST
HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0244184

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

TORRES, PASTOR M., M.D.

665 E 49 ST

HIALEAH FL 33013

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.

SIGNATURE **PASTOR M TORRES MD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Delete
NAME **TORRES, PASTOR M., M.D.**
STREET ADDRESS **12705 MAPLE RD**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **PST** ☒ Change ☐ Addition
NAME **TORRES PASTOR M., MD**
STREET ADDRESS **1195 NE 112 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **TORRES, PASTOR M., M.D.**
STREET ADDRESS **12705 MAPLE RD**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☒ Change ☐ Addition
NAME **TORRES PASTOR M. MD**
STREET ADDRESS **1195 NE 112 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

Daytime Phone #

CR2E034 (9/01)