

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 047 ***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**

20054233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0244184

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **TORRES, PASTOR M., M.D.**
STREET ADDRESS **1195 NE 112ST**
CITY- ST- ZIP **MIAMI, FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **620 East 61st Street**
CITY- ST- ZIP **Hialeah, FL 33013**

TITLE **D** ☐ Delete
NAME **TORRES, PASTOR M., M.D.**
STREET ADDRESS **1195 NE 112 ST**
CITY- ST- ZIP **MIAMI, FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **620 East 61st Street**
CITY- ST- ZIP **Hialeah, FL 33013**

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NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-8-05 ✓ 305-688-2533