| FILE NOW: FILING FEE | AFTER MAY 1 IS \$ | 550.00 | | TILED |
|---|--|--|--|--|
| PROFIT CORPORATION | FLORIDA DEPARTI | | May 19 | 1997 8:00am |
| ANNUAL REPORT | Sandra B. I Secretary | | Secret | ary of State |
| 1997 | DIVISION OF CO | RPORATIONS | | ary or State |
| DOCUMENT # L79296 | 6 (4) | | | |
| COLON, RECTAL AND LAPAROSC H FLORIDA, INC. | OPIC INSTITUTE OF SO | UT | | |
| Principal Place of Business | Mailing Address | | | |
| 9195 SUNSET DR. #230 MIAMI FL 33173 US | 9195 SUNSET DR. Ste. 230 Miami Fl. 33173-3489 US | | | |
| | | | 3. Date Incorporated or Qualified 06/07/1990 | 3a. Date of Last Report 04/09/1996 |
| 2. Principal Place of Business 21 | 2a. Mailing Address | | 4. FEI Number 65-0252054 | Applied For Not Applicable |
| Suite, Apt. #. etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 City & State | 27 City & State | | 6. Election Campaign Financing | Fee Required \$5.00 May Be |
| 23 Zip Country | 26 Zip | Country | Trust Fund Contribution 8. This corporation has liability for | Added to Fees |
| 24 25 9, Name and Address of Curre | 29 3 | <u>o]</u> | | Yes No |
| SMITH, JOSE E., CPA | III registered Agent | 81 Name | IU. IIBIII AIU AUIIISE OI IIBN IK | |
| 132 MINORCA AVE | | 82 Street Add | ress (P.O. Box Number is Not Acceptal | ble) |
| CORAL GABLES FL 33162 | | 83 | | ······ |
| • | | 84 City | | 85 Zip Code |
| | | | | |
| Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stati agent 1 am familiar with, and accept the oblig SIGNATURE Struct or breated name of registered agent of sections agent. | e of Florida. Such change was au gations of, Soction 607.0505, Florid per and tille if applicative (NOTE 6 | horized by the corpora da Statutes. Registered Agent signature requ | ition's board of directors. I hereby acce | Durpose of changing its registered pt the appointment as registered |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal relighed or proted remoted registered ag | e of Florida. Such change was aul jations of, Section 607.0505, Florid per and title if applicative (NOTE 4 4D DIRECTORS | horized by the corpora da Statutes. | tion's board of directors. I hereby acce | Durpose of changing its registered pt the appointment as registered |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signation typed or protect name of registered ag 12. OFFICERS AN Intel D PLASENCIA, GUSTAVO M.D. | e of Florida. Such change was au gations of, Soction 607.0505, Florid per and tille if applicative (NOTE 6 | horized by the corpora da Statutes. Registered Agent signature requ | ition's board of directors. I hereby acce | DATE CERS AND DIRECTORS IN 12 Change Addition |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signative typed or protect agence of registered agence of registere | e of Florida. Such change was aul jations of, Section 607.0505, Florid per and title if applicative (NOTE 4 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinant 13. 1.1 TrTLE 1.2 NAME 1.3 STREET ADDRESS | ition's board of directors. I hereby acce | DATE CERS AND DIRECTORS IN 12 Change Addition |
| office or registered agent, or both, in the State agent 1 em familiar with, and accept the oblig SIGNATURE Signation typed or preted name of registered ag 12. OFFICERS AN INTE D PLASENCIA, GUSTAVO M.D. 105 EUNCET OD 4000 | e of Florida. Such change was aul jations of, Section 607.0505, Florid per and title if applicative (NOTE 4 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinations 13. 1.1 TITLE 1.2 NAME | ition's board of directors. I hereby acce | Durpose of changing its registered pt the appointment as registered |
| office or registered agent, or both, in the State agent 1 am famil ar with, and accept the oblig SIGNATURE State typed or protect memory the pistered agent 12. OFFICERS AN INTE D PLASENCIA, GUSTAVO M.D. STREET ADLRESS 9195 SUNSET DR., #230 CITY-S1-ZIP MIAMI FL THLE NAME | e of Florida. Such change was au jations of, Soction 607.0505, Florid for and tille if applicative (NOTE / 4D DIRECTORS | horized by the corpora da Statutes. Ingistered Agent signature requinations 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME | ition's board of directors. I hereby acce | LL Durpose of changing its registered pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition Source Addition |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signative typed or protect demine of registered agent 12. OFFICERS AN Intel D NAM: PLASENCIA, GUSTAVO M.D. STREELADLESS 9195 SUNSET DR., #230 MIAMI FL Title | e of Florida. Such change was au jations of, Soction 607.0505, Florid en and title if applicative (NOTE 4 4D DIRECTORS | horized by the corpora da Statutes. Indistered Agent signature requinations 1.1 TiFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE 12. OFFICERS AN INTE D PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL THE NAME STREET ADDRESS | e of Florida. Such change was au jations of, Soction 607.0505, Florid for and tille if applicative (NOTE / 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinant 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | ition's board of directors. I hereby acce | LL Durpose of changing its registered pt the appointment as registered DATE CERS AND DIRECTORS IN 12 Change Addition Source Addition |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signative typed or protect neares of registered ag 12. OFFICERS AN Intel D PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL Title NAME STREET ADDRESS CITY - ST- ZIP Infte | e of Florida. Such change was au jations of, Soction 607.0505, Florid en and title if applicative (NOTE 4 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinance 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 em familiar with, and accept the oblig SIGNATURE Signal rel typed or protect registered ag 12. OFFICERS AN INTE D PLASENCIA, GUSTAVO M.D. STREET ADDRESS OTY-ST-7/P INTE STREET ADDRESS CITY-ST-7/P INTE NAME STREET ADDRESS CITY-ST-7/P | e of Florida. Such change was au jations of, Soction 607.0505, Florid en and title if applicative (NOTE 4 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinance 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal reliance of registered agent 12. OFFICERS AN INTE D PLASENCIA, GUSTAVO M.D. STREET ADDRESS 9195 SUNSET DR., #230 MIAMI FL NULE NAME STREET ADDRESS CITY - ST- 200 NIAME STREET ADDRESS CITY - ST- 200 NAME STREET ADDRESS CITY - ST- 200 | e of Florida. Such change was au jations of, Soction 607.0505, Florid for and tile if applicative (NOTE / AD DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinance 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Structure typed or protect memorie of registered agent 12. OFFICERS AN Intel D PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP | e of Florida. Such change was au jations of, Soction 607.0505, Florid for and tile if applicative (NOTE / AD DIRECTORS | horized by the corpora da Statutes. Ingistered Agent signature requinance 13. 1.1 TifLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Structure typed or protect memory trigistered agent 12. OFFICERS AN Intel D PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL Title NAME STREELADDRESS CITY-ST-ZIP Title NAME STREELADDRESS CITY-ST-ZIP Title NAME STREELADDRESS CITY-ST-ZIP | e of Florida. Such change was au jations of, Soction 607.0505, Florid for and tile if applicative (NOTE / AD DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinance 13. 1.1 TrTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal we typed or protect memorit registered age 12. OFFICERS AN Inte D PLASENCIA, GUSTAVO M.D. STREET ADDRESS 9195 SUNSET DR., #230 MIAMI FL TULE NAME STREET ADDRESS CITY-ST-ZP INTE NAME STREET ADDRESS CITY-ST-ZP INTE NAME STREET ADDRESS CITY-ST-ZP INTE NAME STREET ADDRESS CITY-ST-ZP INTE NAME | e of Florida. Such change was au jations of, Soction 607.0505, Florid err and blie if applicative (NOTE / 4D DIRECTORS | horized by the corpora da Statutes. Indistered Agent signature requinance 13. 1.1 TiFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signative typed or protect memorial agent 12. OFFICERS AN Intel D PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZP INTE NAME STREET ADDRESS CITY-ST-ZP INTE NAME STREET ADDRESS CITY-ST-ZP INTE NAME STREET ADDRESS CITY-ST-ZP INTE NAME | e of Florida. Such change was au jations of, Soction 607.0505, Florid en and blue if applicative (NOTE # #D DIRECTORS DELETE DELETE DELETE DELETE | horized by the corpora da Statutes. Indistered Agent signature requinance 13. 1.1 TifILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal or typed or protect registered ag 12. OFFICERS AN NILE D PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL TILE NAME STREET ADDRESS CITY-ST-ZP DICE NAME STREET ADDRESS CITY-ST-ZP DICE NAME STREET ADDRESS CITY-ST-ZP DICE NAME STREET ADDRESS CITY-ST-ZP DICE NAME STREET ADDRESS CITY-ST-ZP TILE | e of Florida. Such change was au jations of, Soction 607.0505, Florid err and blie if applicative (NOTE / 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal en typed or prated nome of registered age 12. OFFICERS AN NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP | e of Florida. Such change was au jations of, Soction 607.0505, Florid en and blue if applicative (NOTE # #D DIRECTORS DELETE DELETE DELETE DELETE | horized by the corpora da Statutes. Indistered Agent signature requinance 13. 1.1 TifILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ition's board of directors. I hereby acce | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal rel bred or protect registered ag 12. OFFICERS AN PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL Title NAME STREET ADDRESS CITY-ST-ZIP DICE NAME STREET ADDRESS CITY-ST-ZIP DICE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | e of Florida. Such change was au jations of, Soction 607.0505, Florid err and blue if applicative (NOTE / 4D DIRECTORS | horized by the corpora da Statutes. Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | Ition's board of directors. I hereby acce ired when reinstang) ADDITIONS/CHANGES TO OFFIC | |
| office or registered agent, or both, in the State agent 1 am familiar with, and accept the oblig SIGNATURE Signal rel Spector protect registered ag 12. OFFICERS AN PLASENCIA, GUSTAVO M.D. 9195 SUNSET DR., #230 MIAMI FL TILE NAME STREET ADDRESS CITY-ST-ZIP DITE NAME STREET ADDRESS CITY-ST-ZIP DITE NAME STREET ADDRESS CITY-ST-ZIP DITE NAME STREET ADDRESS CITY-ST-ZIP DITE NAME STREET ADDRESS CITY-ST-ZIP | e of Florida. Such change was au jations of, Soction 607.0505, Florid err and the if applicative (NOTE / PD DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE | horized by the corpora da Statutes. Indistered Agent signature requinance 13. 1.1 TiFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Ition's board of directors. Thereby acce ired when reinstaing) ADDITIONS/CHANGES TO OFFIN ADDITIONS/CHANGES TO OFFIN add in Section 119.07(3)(i). Florida Statute at my signature shall have the same leg | |