

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003024

FILED
Jul 12, 2007
Secretary of State

Entity Name: UNITED PHYSICIANS AND SURGEONS, INC.

Current Principal Place of Business:

241 CARICA ROAD
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

241 CARICA ROAD
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-8627271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CURRIER, MARIA T
C/O HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
MIAMI, FL 33131 US

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: JORGE HERNANDEZ-TORANO, PRESIDENT

07/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCHT () Change (X) Addition
Name: FINKEL, MD, MICHAEL
Address: 241 CARICA ROAD
City-St-Zip: NAPLES, FL 34108 US

Title: DP () Change (X) Addition
Name: KING, MD, TERRY A
Address: 12168 VIA CERCINA DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DT () Change (X) Addition
Name: BEATTY, MD, RICHARD
Address: 1564 MARSH WREN LANE
City-St-Zip: NAPLES, FL 34105 US

Title: D () Change (X) Addition
Name: DEL RIO GILES MD, MARIA JULIA
Address: 1411 29TH STREET, SW
City-St-Zip: NAPLES, FL 34117 US

Title: D () Change (X) Addition
Name: GREEN MD, DAVID
Address: 2062 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109 US

Title: D () Change (X) Addition
Name: CAMISA MD, CHARLES
Address: 1184 CAMELOT CIR
City-St-Zip: NAPLES, FL 34119 US

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: MICHAEL FINKEL MD

DCHT

07/12/2007

Electronic Signature of Signing Officer or Director

Date