

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002579

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** SOCIETY OF ROBOTIC SURGERY, INC

**Current Principal Place of Business:**

8328 LAKE BURDEN CIRCLE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

8328 LAKE BURDEN CIRCLE  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, VIPUL  
8328 LAKE BURDEN CIRCLE  
WINDERMERE, FL 34786      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: PS  
Name: PATEL, VIPUL  
Address: 8328 LAKE BURDEN CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: V  
Name: ADVINCULA, ARNOLD  
Address: 1500 E. MEDICAL CENTER DR  
City-St-Zip: ANN ARBOR, MI 48109

Title: V  
Name: BOGGESE, JOHN  
Address: 101 MANNING DRIVE  
City-St-Zip: CHAPEL HILL, NC 27514

Title: V  
Name: WEINSTEIN, GREGORY  
Address: 3400 SPRUCE STREET #5  
City-St-Zip: PHILADELPHIA, PA 19104

Title: V  
Name: MOTTRIE, ALEXANDER  
Address: MOORSELBAAN 164  
City-St-Zip: AALST 9300 BELGIUM, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: VIPUL PATEL

PS

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date