

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002171

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF SURGICAL ASSISTANTS CERTIFIED INC.

**Current Principal Place of Business:**

11402 NW 41ST STREET  
SUITE 219  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11402 NW 41ST STREET  
SUITE 219  
DORAL, FL 33178

**New Mailing Address:**

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

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

INTERAMERICAN ALLIANCE LAW FIRM, P.A.  
120 NE 27TH STREET  
SUITE 200  
MIAMI, FL 33137 US

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

ARENAS, NIKIANA  
11402 NW 41ST  
219  
DORAL, FL 33178 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: NIKIANA ARENAS

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHILEUITT, LAUREANO A  
Address: 4113 STAGHORN LANE  
City-St-Zip: WESTON, FL 33331 US

Title: VP  
Name: ARENAS, NIKIANA  
Address: 10949 NW 73RD TERRACE  
City-St-Zip: DORAL, FL 33178 US

Title: S  
Name: ROLON, LUIS  
Address: 11402 NW 41 STREET #219  
City-St-Zip: DORAL, FL 33178 US

Title: T  
Name: PARDO, CARLOS A  
Address: 2225 NOVA VILLAGE DRIVE  
City-St-Zip: DAVIE, FL 33317 US

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: LAUREANO A. CHILEUITT

P

02/25/2011

Electronic Signature of Signing Officer or Director

Date