## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000002171

FILED Apr 27, 2012 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SURGICAL ASSISTANTS CERTIFIED INC.

Current Principal Place of Business: New Principal Place of Business:

 11402 NW 41ST STREET
 1500 WESTON RD.

 SUITE 219
 SUITE 200 - 5

 DORAL, FL 33178
 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

 11402 NW 41ST STREET
 1500 WESTON RD.

 SUITE 219
 SUITE 200 - 5

 DORAL, FL 33178
 WESTON, FL 33326

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

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

ARENAS, NIKIANA

11402 NW 41ST

219

DORAL, FL 33178 US

CHILEUITT, LAUREANO A MD
1500 WESTON RD.
200 - 5
WESTON, FL 33326 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: LAUREANO A CHILEUITT MD 04/27/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

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

Title: VP

 Name:
 ARENAS, NIKIANA MD

 Address:
 10949 NW 73RD TERRACE

 City-St-Zip:
 DORAL, FL 33178 US

Title: S

 Name:
 ROLON, LUIS MD

 Address:
 11402 NW 41 STREET #219

 City-St-Zip:
 DORAL, FL 33178 US

Title: T

Name: JIMENEZ, OTTO MD

Address: 1855 N. CORPORATE LAKES BLVD, SUITE 2

City-St-Zip: WESTON, FL 33326 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 MD P 04/27/2012