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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41504** (4)
1. Corporation Name
SOCIETY OF LAPAROENDOSCOPIC SURGEONS, INC.

Principal Place of Business	Mailing Address
7330 S.W. 62ND PLACE S410 SOUTH MIAMI FL 33143	7330 S.W. 62ND PLACE S410 SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1990	3a. Date of Last Report 02/15/1994
4. FBI Number 65-0227883	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
WETTER, PAUL A. 7330 S.W. 62ND PLACE #410 SOUTH MIAMI FL 33143

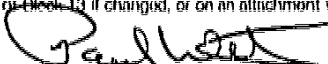
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	1
NAME	WETTER, PAUL A., MD	12 NAME	
STREET ADDRESS	7330 S.W. 62ND PL #410	13 STREET ADDRESS	
CITY - ST - ZIP	SOUTH MIAMI FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	DIRECTOR
NAME	TERSHAKOV, GEORGE R.	22 NAME	RONALD FIELD STONE
STREET ADDRESS	7000 SW 62 AVE S410	23 STREET ADDRESS	3401 S. BAYSHORE DRIVE
CITY - ST - ZIP	SOUTH MIAMI FL	24 CITY - ST - ZIP	SUITE 1400 MIAMI FL 33133
TITLE	D	31 TITLE	
NAME	SUAREZ, CARLOS, M.D.	32 NAME	
STREET ADDRESS	7000 SW 62 AVE	33 STREET ADDRESS	
CITY - ST - ZIP	S MIAMI FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  3/1/95 (205) 665-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR