2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N41504

1. Entity 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

01102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0227883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WETTER, PAUL A.
7330 S.W. 62ND PLACE
#410
SOUTH MIAMI, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WETTER, PAUL A., MD
STREET ADDRESS	7330 S.W. 62ND PL #410
CITY-ST-ZIP	SOUTH MIAMI, FL
TITLE	D
NAME	FIELDSTONE, RONALD
STREET ADDRESS	2601 S BAYSHORE DRIVE SUITE 1600
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	CHINNOCK, JANIS L
STREET ADDRESS	7330 SW 62 PL.#410
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/08-30003-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janis Chinnock 2/21/08 305-665-9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Janis Chinnock