2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N41504

Entity Name: SOCIETY OF LAPAROENDOSCOPIC SURGEONS, INC.

Current Principal Place of Business:

7330 S.W. 62ND PLACE
S410
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7330 S.W. 62ND PLACE
S410
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0227883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WETTER, PAUL A.
7330 S.W. 62ND PLACE
#410
SOUTH MIAMI, FL 33143 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: D ( ) Delete
Name: WETTER, PAUL A., MD
Address: 7330 S.W. 62ND PL #410
City-St-Zip: SOUTH MIAMI, FL

Title: D ( ) Delete
Name: FIELDSTONE, RONALD
Address: 2601 S BAYSHORE DRIVE SUITE 1600
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: CHINNOCK, JANIS L
Address: 7330 SW 62 PL.#410
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FIELDSTONE, RONALD
Address: 201 ALHAMBRA CIRCLE, STE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL ALAN WETTER, MD, CHIARMAN SLS DR 06/30/2009

Electronic Signature of Signing Officer or Director — Date