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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:37

DOCUMENT # N93000002833 (2)

1. Corporation Name
JACKSON LAPAROSCOPY SOCIETY, INC.

Principal Place of Business	Mailing Address
824 92ND STREET SURFSIDE FL 33154	824 92ND STREET SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0422091 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1611 NW 12 AVE 22 SICU administrative offices, JMH 23 Miami, Fl 24 33136 25 USA	2a. Mailing Address 26 1611 NW 12 AVE 27 SICU Administrative Offices, JMH. 28 Miami, Fl 29 33136 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, JAMES D 228 VALENCIA AVE CORAL GALBES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOSA, JORGE MD 3501 SW 23RD TERRACE MIAMI FL 33145	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D ☑ Change ☐ Addition Jorge Sosa, M.D. 7100 W. 20 Avenue #610 Hialeah, Fl 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUENTE, IVAN MD 8927 SW 123RD CT APT 201 MIAMI FL 33186	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ☑ Change ☐ Addition Kopelman, Tammy, M.D. 9 Island Avenue #1909 Miami Bch, Fl 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRANAKAS, NICHOLAS MD 824 92ND STREET SURFSIDE FL 33154	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D. ☑ Change ☐ Addition Markley, Michele, M.D. 9 Island Avenue #1909 Miami Bch, Fl 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.07(3)(i), 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: Michele A. Markley 6/19/95 (305) 685-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michele A. Markley

0043023