

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90060 002 ***150.00

DOCUMENT # P00000016173

1. Entity Name
SURG-MED OF MIAMI BEACH, INC.

Principal Place of Business 10550 N.W. 77TH COURT SUITE #224 HIALEAH GARDENS FL 33016	Mailing Address 10550 N.W. 77TH COURT SUITE #224 HIALEAH GARDENS FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15175 EAGLE NEST LANE Suite, Apt. #, etc. SUITE # 108	3. Mailing Address 15175 EAGLE NEST LANE Suite, Apt. #, etc. SUITE # 108
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City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014	Zip 33014
Country U.S.A	Country U.S.A

4. FEI Number 65-0988052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VILA, MANUEL M
10550 N.W. 77TH COURT
SUITE #224
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
15175 EAGLE NEST LANE
SUITE # 108
 City **MIAMI LAKES** FL Zip Code **33014**

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.
 SIGNATURE **MANUEL M. VILA** DATE **4/18/01**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PVST	<input type="checkbox"/> Delete
NAME VILA, MANUEL M	
STREET ADDRESS 10550 N.W. 77TH COURT	
CITY-ST-ZIP HIALEAH GARDENS FL 33016	
TITLE D	<input type="checkbox"/> Delete
NAME VILA, MANUEL M	
STREET ADDRESS 10550 N.W. 77TH COURT	
CITY-ST-ZIP HIALEAH GARDENS FL 33016	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 15175 EAGLE NEST LANE, SUITE 108	
CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 15175 EAGLE NEST LANE, SUITE 108	
CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MANUEL M. VILA** DATE **4/18/01** DAYTIME PHONE # **305 824-1107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)