

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000016173	
1. Entity Name SURG-MED OF MIAMI BEACH, INC.	

Principal Place of Business 8102 NW 158 TERRACE MIAMI LAKES, FL 33016	Mailing Address 8102 NW 158 TERRACE SUITE 108 MIAMI LAKES, FL 33016
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0988052	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VILA, MANUEL M 8102 NW 158 TERRACE MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE

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

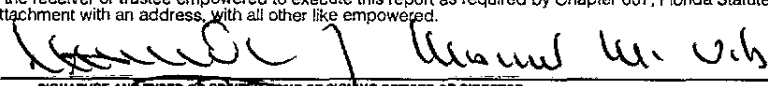
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	VILA, MANUEL M
STREET ADDRESS	8102 NW 158 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D
NAME	VILA, MANUEL M
STREET ADDRESS	8102 NW 158 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000275458
03/24/05-80053-018 158.75

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/20/05 (307) 586-0777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**