2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 24, 2005 08:00 AM DOCUMENT # P00000016173 **Secretary of State** Entity Name SURG-MED OF MIAMI BEACH, INC. Principal Place of Business Mailing Address 8102 NW 158 TERRACE 8102 NW 158 TERRACE MIAMI LAKES, FL 33016 SUITE 108 MIAMI LAKES, FL 33016 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0988052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILA, MANUEL M DO NOT WRITE 8102 NW 158 TERRACE MIAMI LAKES, FL 33016 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 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE VILA, MANUEL M NAME STREET ADDRESS 8102 NW 158 TERRACE CITY-ST-ZIP MIAMI LAKES, FL 33016 U00000275458 03/24/05-80053-018 158.75 TITLE D VII A. MANUEL M NAME STREET ADDRESS 8102 NW 158 TERRACE CITY-ST-ZIP MIAMI LAKES, FL 33016 TITO F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SI

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