

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 013 ***150.00

DOCUMENT # P00000107967

1. Entity Name
SURG-MED HEALTHCARE SYSTEMS, INC.



Principal Place of Business
**15175 EAGLE NEST LN STE 108
MIAMI LAKES, FL 33014**

Mailing Address
**15175 EAGLE NEST LN STE 108
MIAMI LAKES, FL 33014**



2. Principal Place of Business
8102 N.W. 158 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
8102 NW 158 TERRACE
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
Miami Lakes FL
Zip
33016 Country
USA

City & State
MIAMI LAKES, FL
Zip
33016 Country
US

4. FEI Number
65-1054840 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VILA, MANUEL M
**15175 EAGLE NEST LN STE 108
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name
VILA, MANUEL M.
Street Address (P.O. Box Number is Not Acceptable)
8102 NW 158 TERRACE
City
MIAMI LAKES FL Zip Code
33016

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

MANUEL M. VILA PRESIDENT 04/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------|----------------------------------|-----------------------|---------------------------------|
| PVST | VILA, MANUEL M | 15175 EAGLE NEST LANE, SUITE 108 | MIAMI LAKES, FL 33014 | <input type="checkbox"/> |
| D | VILA, MANUEL M | 15175 EAGLE NEST LANE, SUITE 108 | MIAMI LAKES, FL 33014 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Ad |
|-------|------|----------------------------|------------------------------|--|-----------------------------|
| | | 8102 NW 158 TERRACE | MIAMI LAKES, FL 33016 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 8102 NW 158 TERRACE | MIAMI LAKES, FL 33016 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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, changed, or on an attachment with an address; with all other like empowered.

SIGNATURE

MANUEL M. VILA PRESIDENT 4/29/04