

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P00000112262

**1. Entity Name**

GABLES SURGICAL GROUP, INC.

FILED

02 APR -3 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1097 S.W. LeJuene Road

**3. Mailing Address**

570 MARQUESA DR.

Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

**4. FEI Number**  
65-1078505

Applied For  
Not Applicable

Zip  
33134

Country

Zip  
33156

Country

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

**7. Name and Address of Current Registered Agent**

Name  
ARAN, FERNANDO S.

Street Address (P.O. Box Number is Not Acceptable)  
710 S. DIXIE HIGHWAY

City  
CORAL GABLES FL Zip Code  
33146

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ARAN, ALBERTO  
570 MARQUESA DR  
CORAL GABLES, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300005291873--  
-04/18/02--01017--004  
\*\*\*\*\*900.00 \*\*\*\*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LEZCANO, GABRIEL  
570 MARQUESA DR.  
CORAL GABLES, FL 33156

TITLE  
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CITY - ST - ZIP

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #