2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P00000112262

Entity Name: GABLES SURGICAL GROUP, INC.

Current Principal Place of Business:

1097 S.W. LEJUENE ROAD
SECOND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

570 MARQUESA DR.
CORAL GABLES, FL 33156

New Mailing Address:

570 MARQUESA DRIVE
CORAL GABLES, FL 33156

FEI Number: 65-1078505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAN, FERANANDO S
255 UNIVERSITY DRIVE
CORAL GABLES, FL 331346732 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARAN, ALBERTO J
Address: 570 MARQUESA DR
City-St-Zip: CORAL GABLES, FL 331562340

Title: D ( ) Delete
Name: MASVIDAL, RAUL
Address: 250 SW LEJEUNE ROAD
City-St-Zip: MIAMI, FL 331341755

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MANSUR, ARNULFO
Address: 1097 SW LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO J. ARAN D 03/12/2009

Electronic Signature of Signing Officer or Director — Date