

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000112262

**FILED**  
**May 15, 2012**  
**Secretary of State**

**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 DRIVE  
CORAL GABLES, FL 33156

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** D  
**Name:** MANSUR, ARNULFO  
**Address:** 1097 SW LEJEUNE ROAD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** AROSEMENA, ANALISA  
**Address:** 1097 SW LEJEUNE ROAD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** WALS, KEN  
**Address:** 1097 SW LEJEUNE ROAD  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** ALBERTO J. ARAN

D

05/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date