

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90254 011 ***150.00

DOCUMENT # P01000120771

1. Entity Name
SURG-MED OF WEST KENDALL, INC.



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

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



2. Principal Place of Business

8102 NW 158 TERRACE

3. Mailing Address

8102 NW 158 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

Miami Lakes FL

City & State

MIAMI LAKES, FL

4. FEI Number

01-0570347

Applied For

Not Applied

Zip

33016

Country

USA

Zip

33016

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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
DPVS
VILA, MANUEL M
15175 EAGLE NEST LANE STE 108
MIAMI LAKES, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
VILA, MANUEL M
15175 EAGLE NEST LANE STE 108
MIAMI LAKES, FL 33014 ☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Ad
8102 NW 158 TERRACE
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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8102 NW 158 TERRACE
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CITY-ST-ZIP
☐ Change ☐ Ad

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

SIGNATURE

[Signature]

MANUEL M. VILA PRESIDENT 4/29/04