

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90140 045 ***150.00

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1. Entity Name
SURGICAL TRAINING FACILITY, INC.



Principal Place of Business
**3000 BAYVIEW DR
FT LAUDERDALE, FL 33306**

Mailing Address
**3000 BAYVIEW DR
FT LAUDERDALE, FL 33306**

50007006



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3863459

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLUMBERG, KAL
~~HOUSE 217~~ *3000 Bayview Dr.*
FT LAUDERDALE, FL 33306

**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. 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLUMBERG, KAL
STREET ADDRESS	3000 BAYVIEW DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	S
NAME	CANTOR, JEFFREY
STREET ADDRESS	3000 BAYVIEW DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06
Date

Daytime Phone # _____