

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095126

FILED
Apr 27, 2004
Secretary of State

Entity Name: HEALTHCARE SURGICAL SERVICES, INC.

Current Principal Place of Business:

15175 EAGLE NEST LANE, #108
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15175 EAGLE NEST LANE, #108
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 38-3659170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA HOZ, GRACIELA
15175 EAGLE NEST LANE, #108
MIAMI LAKES, FL 33014

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: PD () Delete
Name: ARAGON, AMAURY
Address: 15175 EAGLE NEST LANE, #108
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD () Delete
Name: DE LA HOZ, GRACIELA
Address: 15175 EAGLE NEST LANE, #108
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: SERENO, CARIDAD
Address: 15175 EAGLE NEST LANE, #108
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD (X) Delete
Name: MILANES, MARIA E
Address: 3411 INDIAN CREE DRIVE, SUITE 701
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARAGON, AMAURY
Address: 15175 EAGLE NEST LANE, #108
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: TVD (X) Change () Addition
Name: DE LA HOZ, GRACIELA
Address: 15175 EAGLE NEST LANE, #108
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: SVD (X) Change () Addition
Name: SERENO, CARIDAD
Address: 15175 EAGLE NEST LANE, #108
City-St-Zip: MIAMI LAKES, FL 33014 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRACIELA DELAHOZ

TVD

04/27/2004

Electronic Signature of Signing Officer or Director

Date