

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095126

FILED
Apr 29, 2008
Secretary of State

Entity Name: HEALTHCARE SURGICAL SERVICES, INC.

Current Principal Place of Business:

17670 NORTH WEST 78TH AVE, SUITE 214
PALM SPRINGS NORTH, FL 33015

New Principal Place of Business:

Current Mailing Address:

17670 NORTH WEST 78TH AVE, SUITE 214
PALM SPRINGS NORTH, FL 33015

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 US

Name and Address of New Registered Agent:

DE LA HOZ, GRACIELA
17670 NORTH WEST 78TH AVENUE
SUITE #214
PALM SPRINGS NORTH, FL 33015 US

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: GRACIELA DELAHOZ

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SERENO, CARIDAD
Address: 17670 NORTH WEST 78TH AVE, SUITE 214
City-St-Zip: PALM SPRINGS NORTH, FL 33015

Title: TVD () Delete
Name: DE LA HOZ, GRACIELA
Address: 17670 NORTH WEST 78TH AVE, SUITE 214
City-St-Zip: PALM SPRINGS NORTH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GRACIELA DELAHOZ

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date