

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0152853 FP

DOCUMENT # P02000095126

1. Entity Name
HEALTHCARE SURGICAL SERVICES, INC.



03 JUL 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2701 S.W. LEJEUNE ROAD, SUITE 401
CORAL GABLES FL 33134

Mailing Address
2701 S.W. LEJEUNE ROAD, SUITE 401
CORAL GABLES FL 33134

2. Principal Place of Business
15175 Eagle Nest Lane
Suite, Apt. #, etc.
108

3. Mailing Address
15175 Eagle Nest Lane
Suite, Apt. #, etc.
108

City & State
MIAMI LAKES, FL
Zip
33014
Country
US

City & State
MIAMI LAKES, FL
Zip
33014
Country
US

4. FEI Number
38-3659170

☒ Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PUJOLS, JOSE R ESQ.
2701 S.W. LEJEUNE ROAD, SUITE 401
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
de la Hoz, Graciela
Street Address (P.O. Box Number is Not Acceptable)
15175 Eagle Nest Lane
Suite 108
City
MIAMI LAKES FL Zip Code
33014

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 *Graciela DelaHoz*
Signature, typed or printed name of registered agent, and title if applicable.

GRACIELA DELAHOZ VICEPRESIDENT 7/22/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ARAGON, Amaury 15175 Eagle Nest Lane, Ste. 108 MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D de la Hoz, Graciela 15175 Eagle Nest Lane, Ste. 108 MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sereño CARIDAD 15175 Eagle Nest Lane, Ste. 108 MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Milanes MARIA E. 3411 INDIAN CREEK DRIVE, SK. 701 MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700021763307 07/24/03--01042--010 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Graciela DelaHoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03
Date

305-824-1107
Daytime Phone #

CR2E034 (4/03)