

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056422

FILED
Oct 27, 2004
Secretary of State

Entity Name: SURGEONS ASSOCIATES OF FLORIDA, INC.

Current Principal Place of Business:

13000 S.W. 108TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161862
MIAMI, FL 33116

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOSA, RICARDO R
13000 S.W. 108TH STREET
MIAMI, FL 33186 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPINOSA, RICARDO R
Address: 13000 SW 108TH STREET
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: ESPINOSA, ELBA C
Address: 13000 SW 108TH STREET
City-St-Zip: MIAMI, FL 33186

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 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: RICARDO ESPINOSA

P

10/27/2004

Electronic Signature of Signing Officer or Director

_____ Date