


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90304 047 ***150.00

DOCUMENT # P04000005303 1. Entity Name FLORIDA SURGICAL ASSISTANTS, INC.					
Principal Place of Business 747 PALM AVENUE HIALEAH, FL 33010			Mailing Address P O BOX 65-0990 MIAMI, FL 33265-0990		
2. Principal Place of Business 1335 W 49 Place Suite, Apt. #, etc. 402		3. Mailing Address Suite, Apt. #, etc.			
City & State HIALEAH		City & State		4. FEI Number 0091415	
Zip 33010 Country MIAMI-DADE		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, JULIO 747 PALM AVENUE HIALEAH, FL 33010				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, JULIO 747 PALM AVENUE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Valdes, Julio 8809 NW 145 TRAIL MIAMI, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, JULIO 747 PALM AVENUE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ACENCIO, DOMINGO 747 PALM AVENUE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Acencio, Domingo 6250 SW 130 AVE #706 MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNADEZ, FRANCISCO 747 PALM AVENUE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hernandez, Francisco 1335 W 49 PLACE #402 HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, JOSE A 747 PALM AVENUE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gonzalez, Jose A 11031 NW 75T #203 MIAMI, FL 33172 <input checked="" 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	Medical Director Melvio Alonso P.O. Box 65-0990 MIAMI, FL 33265 <input type="checkbox"/> Change <input checked="" 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/23/05 Daytime Phone # 305-382717		