

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90080 022 ***150.00

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1. Entity Name
FLORIDA SURGICAL ASSISTANTS, INC.



Principal Place of Business
1335 W 49 PLACE, #402
HIALEAH, FL 33012

Mailing Address
P O BOX 65-0990
MIAMI, FL 33265-0990

40047023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0091415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, JULIO
747 PALM AVENUE
HIALEAH, FL 33010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME VALDES, JULIO
STREET ADDRESS 8809 NW 145 TERRACE
CITY-ST-ZIP MIAMI, FL 33018

TITLE VPD ☐ Delete
NAME ACENCIO, DOMINGO
STREET ADDRESS 6250 SW 130 AVE, #704
CITY-ST-ZIP MIAMI, FL 33183

TITLE TD ☐ Delete
NAME HERNADEZ, FRANCISCO
STREET ADDRESS 1335 W 49 PLACE, #402
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SD ☐ Delete
NAME GONZALEZ, JOSE A
STREET ADDRESS 11031 NW 7 ST, #203
CITY-ST-ZIP MIAMI, FL 33172

TITLE D ☐ Delete
NAME HELVIO, ALONSO
STREET ADDRESS P.O. BOX 65-0990
CITY-ST-ZIP MIAMI, FL 33265

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/06 (305) 772 4565
Date Daytime Phone #