

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 26, 2009
Secretary of State**

DOCUMENT# P04000005303

Entity Name: FLORIDA SURGICAL ASSISTANTS, INC.

Current Principal Place of Business:

11750 SW BIRD ROAD
MIAMI, FL 33265

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65-0990
MIAMI, FL 332650990

New Mailing Address:

FEI Number: 80-0091415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, JULIO
747 PALM AVENUE
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

VALDES, JULIO
11750 SW BIRD ROAD
MIAMI, FL 33265 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: JULIO VALDES 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALDES, JULIO
Address: 8809 NW 145 TERRACE
City-St-Zip: MIAMI, FL 33018

Title: VPD () Delete
Name: ACENCIO, DOMINGO
Address: 6250 SW 130 AVE, #704
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: HERNADEZ, FRANCISCO
Address: 1335 W 49 PLACE, #402
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: GONZALEZ, JOSE A
Address: 11031 NW 7 ST, #203
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: HELVIO, ALONSO
Address: P.O. BOX 65-0990
City-St-Zip: MIAMI, FL 33265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: AHUMADA, LEONIDAS
Address: P.O. BOX 65-0990
City-St-Zip: MIAMI, FL 33265

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: JULIO VALDES PD 03/26/2009
Electronic Signature of Signing Officer or Director Date