

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005303

FILED
Feb 24, 2011
Secretary of State

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
11750 SW BIRD ROAD
MIAMI, FL 33265 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JULIO VALDES

P

02/24/2011

Electronic Signature of Signing Officer or Director

Date