

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000088497

**Entity Name:** BC SURGICAL CENTER ,INC

**FILED**  
**Oct 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6355 SW 123 AVE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

1725 N UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**Current Mailing Address:**

6355 SW 123 AVE  
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number:** 45-3560532      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABRADOR, ISMAEL  
6355 SW 123 AVE  
MIAMI, FL 33183 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: P  
Name: LABRADOR, ISMAEL  
Address: 6355 SW 123 AVE  
City-St-Zip: MIAMI, FL 33183 US

Title: VP  
Name: DE LA ROSA, AIMEE  
Address: 13985 SW 20 ST  
City-St-Zip: MIAMI, FL 33175

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: ISMAEL LABRADOR

P

10/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date