

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90174 012 ***150.00

DOCUMENT # P94000040908

1. Corporation Name
WACHOVIA SURGICAL AND MEDICAL SERVICES, INC.

Principal Place of Business

2001 N.W. 7TH ST.
STE. 304
MIAMI FL 33125
US

Mailing Address

2001 NW 7TH ST
SUITE 304
MIAMI FL 33125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

4. FEI Number

65-0510877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

22 S.R. 335

23 Coral Gables FL

Zip 33134 Country

24 25

2a. Mailing Address

26 1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

27 S.R. 335

28 Coral Gables FL

Zip 33134 Country

29 30

9. Name and Address of Current Registered Agent

DIAZ, FRANCISCO A
1961 S.W. 33RD AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Jose R. Romero
82 2401 SW 59 Ave.
83 Miami, FL 33175
84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jose R. Romero, President.

Jose R. Romero

03-11-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME DIAZ, FRANCISCO A.

STREET ADDRESS 1961 SW 33 AVE

CITY-ST-ZIP MIAMI FL

TITLE President, Director and Secretary ☒ DELETE

NAME RAQUEL GONZALEZ

STREET ADDRESS 3609 SW 27 Ave

CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director and Secretary

1.2 NAME Jose R. Romero

1.3 STREET ADDRESS 2401 SW 59 Ave.

1.4 CITY-ST-ZIP Miami, FL 33175

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose R. Romero (Jose R. Romero)

03-11-99

(305) 283-2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034.(11/98)

0179075