
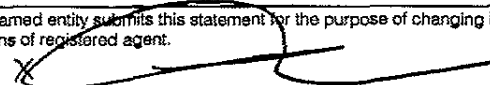


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000029212.</b>		
1. Entity Name <b>SURGICAL INFORMATION ASSOCIATES, INC.</b>		
Principal Place of Business <b>1020 ALFONSO AVE CORAL GABLES, FL 33146 US</b>	Mailing Address <b>1020 ALFONSO AVE CORAL GABLES, FL 33146 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LAVERNIA, CARLOS 1020 ALFONSO AVE CORAL GABLES, FL 33146</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <b>PRESIDENT</b> <b>1-18-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVERNIA, CARLOS 1020 ALFONSO AVE CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 all other like empowered.		
SIGNATURE: <b>Carlos J. Lavernia</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-18-07 305-285-5085</b> <small>Date Daytime Phone #</small>



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0586999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/26/07-80003-002 150.00

**DO NOT WRITE  
IN THIS SPACE**