


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # P96000041951**  
 1. Entity Name  
**SANTA LUCIA SURGICAL CENTER, INC.**



Principal Place of Business  
**2441 SW 37TH AVENUE**  
**MIAMI, FL 33145**

Mailing Address  
**2441 SW 37TH AVENUE**  
**MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0676978</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FIGUEROA, MANNY C**  
**308 ALHAMBRA CIR**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AIRALA, MANUEL A MD 2441 SW 37TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV AIRALA, MARTA S MD 2441 SW 37TH AVENUE MIAMI, FL
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 02/16/04-80132-016 150.00

12. 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 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:** \_\_\_\_\_ **29.04** **305.442-0066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #