

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90023 018 ***150.00

DOCUMENT # P97000046158

1. Entity Name

SURGEONS GROUP OF SOUTH FLORIDA, P.A.

Principal Place of Business

Mailing Address

~~701 N.W. 57 AVE.~~
~~000~~
~~MIAMI FL 33126~~

~~701 N.W. 57 AVE.~~
~~000~~
~~MIAMI FL 33126~~

2. Principal Place of Business

3211 Ponce de Leon

3. Mailing Address

3211 Ponce de Leon

Suite, Apt. #, etc.

Ste #202

Suite, Apt. #, etc.

Ste #202

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0760810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERNSTROM, NANETTE O
200 S. BISCAYNE BLVD., STE. 4100
MIAMI FL 33131-2398

7. Name and Address of New Registered Agent

Name **Rafael Diaz-Yoserev, MD**
Street Address (P.O. Box Number is Not Acceptable)
3211 Ponce de Leon
Ste #202
City **Coral Gables** **FL** Zip Code **33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/06/01

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DIAZ-YOSEREV, RAFAEL**
STREET ADDRESS **520 BRICKELL KEY DR., APT. 814**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **LOMBILLO, JUAN**
STREET ADDRESS **6061 N KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
NAME **GARCES, DAGOBERTO**
STREET ADDRESS **9785 SW 64 ST**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

DATE

305) 444-6100

DAYTIME PHONE #

CR2E034 (10/00)

0158817