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

Mailing Address

3200 SW 60TH CT., STE. 201

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

3200 SW 60TH CT., STE. 201



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthảm

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000068290 (0)

CHILDREN'S SURGICAL NETWORK, INC.

**MIAMI FL 33155** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Properly Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 64 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dire printed nurse, of copy to a flagent and tolent applicable (NOTE Registered Agent's geature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition NAME NAHMAD, MICHEL H 1.2 NAME 3200 SW 60TH CT., STE. 201 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition **BERKIN, GARY** NAME 2.2 NAME 3200 SW 60TH CT., STE. 201 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE TITLE Addition 3.1 TITLE TOUFANIAN, AHMAD NAME 3.2 NAME 3200 SW 60TH CT., STE. 201 STREET ADDRESS 3.3 STREET ADDRESS

6.4 CiTY - ST - ZiP 14. Thereby certify that the information supplied with this filling 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 13 if changed or on an attachment with an address.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

Change

Change

Addition

Addition

Addition

**FILED** 

Jun 01 1998 8:00am

Secretary of State