

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90143 012 \*\*\*150.00

DOCUMENT # P98000077979

1. Corporation Name

~~SURGICAL ASSISTANTS OF SOUTH FLORIDA, INC.~~  
~~SURG-MED ASSISTANTS, INC.~~  
N FLASH C NAME CHANGED 2/03/99 AMENDMENT  
TO ARTICLES

Principal Place of Business

5440 WEST 21ST COURT, #107  
HIALEAH FL 33016

Mailing Address

5440 WEST 21ST COURT, #107  
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

65-0861851

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 10550 N.W. 77th COURT

2a. Mailing Address

26 10550 N.W. 77th COURT

Suite, Apt. #, etc.

22 SUITE # 224

Suite, Apt. #, etc.

27 SUITE # 224

City & State

23 HIALEAH GARDENS, FL

City & State

28 HIALEAH GARDENS, FL

Zip

24 33016

Country

25 U.S.

Zip

29 33016

Country

30 U.S.

9. Name and Address of Current Registered Agent

VILA, MANUEL M  
5440 WEST 21ST COURT, #107  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10550 N.W. 77th COURT

83

SUITE # 224

84

HIALEAH GARDENS

FL

85 Zip Code

33016

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME VILA, MANUEL M  
STREET ADDRESS 5440 WEST 21ST COURT, #107  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D ☐ DELETE

NAME VILA, MANUEL M  
STREET ADDRESS 5440 WEST 21ST COURT, #107  
CITY-ST-ZIP HIALEAH FL 33016

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 17571 N.W. 88th AVE.

1.4 CITY-ST-ZIP MIAMI, FL 33018

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 17571 N.W. 88th AVE

2.4 CITY-ST-ZIP MIAMI, FL 33018

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

305 824-1107

Daytime Phone #

CR2E034 (11/98)

0133347