

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 010 ***150.00

DOCUMENT # P98000077979

1. Entity Name
SURG-MED ASSISTANTS, INC.



Principal Place of Business
**15175 EAGLE NEST LN
STE 108
HIALEAH, FL 33014**

Mailing Address
**15175 EAGLE NEST LN
STE 108
HIALEAH, FL 33014**

2. Principal Place of Business
8102 N.W. 158 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
8102 NW 158 TERRACE
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
Miami Lakes FL
Zip
33016
Country
USA

City & State
MIAMI LAKES, FL
Zip
33016
Country
US

4. FEI Number
65-0861851
Applied For
☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VILA, MANUEL M
15175 EAGLE NEST LN
STE 108
HIALEAH, FL 33014**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8102 NW 158 TERRACE
City
MIAMI LAKES FL Zip Code
33016

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

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

MANUEL M. VILA PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**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	PVST	<input type="checkbox"/> Delete
NAME	VILA, MANUEL M	
STREET ADDRESS	15175 EAGLE NEST LN	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILA, MANUEL M	
STREET ADDRESS	15175 EAGLE NEST LN	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	8102 NW 158 TERRACE	
STREET ADDRESS	MIAMI LAKES, FL. 33016	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	8102 NW 158 TERRACE	
STREET ADDRESS	MIAMI LAKES, FL. 33016	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MANUEL M. VILA PRESIDENT 4/29/04