

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000107853

**Entity Name:** QUALITY SURGICAL MANAGEMENT, INC.

**FILED**  
**Jun 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

21150 BISCAYNE BLVD. #400  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**  
21150 BISCAYNE BLVD. #400  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0887081      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, HOWARD W  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MAGILEN, STEVEN M.D.  
Address: 21150 BISCAYNE BLVD., STE 400  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN MAGILEN

Electronic Signature of Signing Officer or Director

PRES

06/19/2010

Date