

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000088802

1. Entity Name
SURGICAL SPECIALTIES OF MIAMI, INC.



Principal Place of Business
 1035 WEST AVENUE
 APT. 301
 MIAMI BEACH, FL 33139

Mailing Address
 1035 WEST AVENUE
 APT. 301
 MIAMI BEACH, FL 33139

2. Principal Place of Business **1401 BAY RD.**

3. Mailing Address **1401 BAY RD.**



Suite, Apt. #, etc.
Apt. # 403

Suite, Apt. #, etc.
Apt. # 403

CHECK HERE IF MAKING CHANGES

City & State
Miami Beach FL

City & State
Miami Beach FL

4. FEI Number
65-0953998

Applied For
 Not Applicable

Zip Country
33139 USA

Zip Country
33139 U.S.A

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

6. Name and Address of Current Registered Agent

TACAO, GISELA
 1035 WEST AVENUE
 APT. 301
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name **Tacao, Gisela**
 Street Address (P.O. Box Number is Not Acceptable)
~~1035 West Avenue~~ **1401 BAY RD.**
Apt. # 403
 City **Miami Beach** FL Zip Code **33139**

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 *Gisela Tacao* **Gisela Tacao**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

5-21-03
DATE

FILED NOW WITH FEE IS \$150.00
 If returned to the Department of State, the fee will be \$650.00
 Make checks payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDS	TACAO, GISELA	1035 WEST AVENUE, APT. 301	MIAMI BEACH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1401 BAY ROAD # 403	MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Just Address		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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

SIGNATURE: *Gisela Tacao* **Gisela Tacao** **5/21/03** **305-776-6894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #