

**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)

DATE **5-21-03**

**FILED NOW WITH FEE IS \$150.00**  
 (As of May 1, 2002, 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/>

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