FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 2:13

DOCUMENT # V00062 (2)

1. Corporation Name
AMERICAN SURGICAL, INC.

Principal Place of Business	Mailing Address
100 W CYPRESS CREEK RD. #700 FT. LAUDERDALE FL 33309	10125 NW 116TH WAY 5 MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1991
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 10125 N.W. 116 Way
22 Suite, Apt. #, etc.: Suite 5
23 City & State: Miami, FL
24 Zip: 33178
25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0308690 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENSPOON, MARDER, HIRSCHFELD & RAFKIN PA
100 W. CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: VIVIAN T. FIGUERAS
82 Street Address (P.O. Box Number is Not Acceptable): 1550 MADRUGA AVE., SUITE 510
83:
84 City: CORAL GABLES FL 85 Zip Code: 33146

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: Vivian T. Figueras — 3-8-95
(Signature & Typed or Printed Name of Registered Agent & Title, if Applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	VD	☐ Change ☒ Addition
NAME	WILLIAM RODRIGUEZ	12 NAME	Philip Lecours	
STREET ADDRESS	10125 NW 116TH WAY #5	13 STREET ADDRESS	10125 N.W. 116th Way #5	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami FL 33178	
TITLE	VPS	21 TITLE		☐ Change ☐ Addition
NAME	RAMON J FALERO	22 NAME		
STREET ADDRESS	10125 NW 116TH WAY #5	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: 3-8-95 (Date) 305-888-4958 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ramon J. Falero

01D4887 CP