

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V00062** (2)  
1. Corporation Name  
**AMERICAN SURGICAL, INC.**

Principal Place of Business <b>10125 NW 116 WAY SUITE 5 MIAMI FL 33178 US</b>	Mailing Address <b>10125 NW 116TH WAY 5 MIAMI FL 33178 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 770 PONCE DE LEON BLVD.</b> Suite, Apt. #, etc. <b>22 SUITE #305</b> City & State <b>23 CORAL GABLES, FL.</b> Zip <b>24 33134</b>		2a. Mailing Address <b>26 770 PONCE DE LEON BLVD.</b> Suite, Apt. #, etc. <b>27 SUITE #305</b> City & State <b>28 CORAL GABLES, FL.</b> Zip <b>29 33134</b>		3. Date Incorporated or Qualified <b>12/13/1991</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		4. FEI Number <b>65-0308690</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FIGUERAS, VIVIAN T  
2801 PONCE DE LEON BLVD  
1170  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM RODRIGUEZ</b>	1.2 NAME	<b>WILLIAM RODRIGUEZ</b>
STREET ADDRESS	<b>10125 NW 116TH WAY #5</b>	1.3 STREET ADDRESS	<b>770 PONCE DE LEON BLVD., SUITE #305</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL. 33134</b>
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMON J FALERO</b>	2.2 NAME	<b>RAMON J. FALERO</b>
STREET ADDRESS	<b>10125 NW 116TH WAY #5</b>	2.3 STREET ADDRESS	<b>770 PONCE DE LEON BLVD., SUITE #305</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>CORAL GABLES, FL. 33134</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 address.

SIGNATURE:

3/18/98

(305) 529-2223

CR2E034 (10/97)