

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751168

Entity Name: SOUTH FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, INC.**FILED**
Feb 07, 2025
Secretary of State
4465480601CC**Current Principal Place of Business:**3255 NW 94TH AVENUE
#8711
CORAL SPRINGS, FL 33065**Current Mailing Address:**3255 NW 94TH AVENUE
8711
CORAL SPRINGS, FL 33065 US**FEI Number: 65-0341957****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCDERMOTT, ELEKTRA
3255 NW 94TH AVENUE
8711
CORAL SPRINGS, FL 33065 US*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: ELEKTRA MCDERMOTT****02/07/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title ADMINISTRATOR
Name MCDERMOTT, ELEKTRA
Address 3255 NW 94TH AVENUE
8711
City-State-Zip: CORAL SPRINGS FL 33065Title PAST PRESIDENT
Name LO MENZO, EMANUELE MD
Address 3255 NW 94TH AVENUE
#8711
City-State-Zip: CORAL SPRINGS FL 33065Title PRESIDENT
Name SANDS, DANA R
Address 3255 NW 94TH AVENUE
8711
City-State-Zip: CORAL SPRINGS FL 33065Title SECRETARY
Name LEW, JOHN DR
Address 3255 NW 94TH AVE
8711
City-State-Zip: CORAL SPRINGS FL 33065Title TREASURER
Name LAO, VICTORIA DR
Address 3255 NW 94TH AVENUE
8711
City-State-Zip: CORAL SPRINGS FL 33065

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELEKTRA MCDERMOTT**ADMINISTRATOR****02/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date