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

SIGNATURE: ALBERTO J ARAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P00000112262

Entity Name: GABLES SURGICAL GROUP, INC.

Current Principal Place of Business:

1097 S.W. LEJUENE ROAD SECOND FLOOR CORAL GABLES, FL 33134

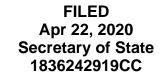
Current Mailing Address:

570 MARQUESA DRIVE CORAL GABLES, FL 33156

FEI Number: 65-1078505

Name and Address of Current Registered Agent:

ARAN, FERANANDO S 2100 SALZEDO STREET SUITE 303 CORAL GABLES, FL 33134 US



Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	ARAN, ALBERTO J	Name	MASVIDAL, RAUL
Address	570 MARQUESA DR	Address	250 SW LEJEUNE ROAD
City-State-Zip:	CORAL GABLES FL 33156-2340	City-State-Zip:	MIAMI FL 33134-1755
Title	D	Title	D
Name	AROSEMENA, ANALISA	Name	WALS, KEN
Address	1097 SW LEJEUNE ROAD	Address	1097 SW LEJEUNE ROAD
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DR.		
Name	BALIUS, EMILIO H		
Address	1097 S.W. LEJUENE ROAD		
City-State-Zip:	CORAL GABLES FL 33134		

04/22/2020

PRESIDENT

Date