

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ARAN, ALBERTO J  
Address 570 MARQUESA DR  
City-State-Zip: CORAL GABLES FL 33156-2340

Title D  
Name MASVIDAL, RAUL  
Address 250 SW LEJEUNE ROAD  
City-State-Zip: MIAMI FL 33134-1755

Title D  
Name AROSEMENA, ANALISA  
Address 1097 SW LEJEUNE ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name WALSH, KEN  
Address 1097 SW LEJEUNE ROAD  
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

*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

**PRESIDENT**

**04/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date