

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122847

Entity Name: WEST DADE SURGERY CENTER INC

Current Principal Place of Business:

AIMEE DE LA ROSA
13985 SW 20 ST
MIAMI, FL 33175

Current Mailing Address:

AIMEE DE LA ROSA
13985 SW 20 ST
MIAMI, FL 33175 US

FEI Number: 26-1411441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA ROSA, AIMEE
8506 SW 8 ST
MIAMI, FL 33144 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 P
Name DE LA ROSA, AIMEE
Address 13985 SW 20 ST
City-State-Zip: MIAMI FL 33175

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: AIMEE DE LA ROSA

PS

02/19/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date