

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000009967 (5)
 1. Corporation Name
SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.

Principal Place of Business: **4300 N. UNIVERSITY DRIVE SUITE B106 LAUDERHILL FL 33351**

Mailing Address: **4300 N. UNIVERSITY DRIVE SUITE B106 LAUDERHILL FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified: **01/27/1997**

4. FEI Number: **65-0730061**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BRADY, FRANK R ESQ.
370 W. CAMINO GARDENS BLVD., SUITE 336
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	yoav Barnavon, MD	
STREET ADDRESS	1150 N 35 AVE, # 550	
CITY-ST-ZIP	Hollywood, FL 33001	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	John Fernandez, MD	
STREET ADDRESS	4875 N Federal Hwy, #800	
CITY-ST-ZIP	Lauderhill, FL 33308	
TITLE	S	<input type="checkbox"/> DELETE
NAME	J. Brian Boyd, MD	
STREET ADDRESS	3000 W. Cypress Creek Rd	
CITY-ST-ZIP	Ft. Laud., FL 33309	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Frank J. Lomagistro, MD	
STREET ADDRESS	4300 N. University Dr - B106	
CITY-ST-ZIP	Lauderhill, FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 chairman, or on an attachment with an address.

SIGNATURE: *Frank J. Lomagistro, MD Treasurer 4/1/98*

CR2E034 (10/97)