

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90097 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000009967

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		3. Date Incorporated or Qualified 01/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0730061	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	JEFFREY L. COHEN
				82 Street Address (P.O. Box Number is Not Acceptable)	54 NE 4th AVENUE
				83	
				84 City	DELRAY BEACH FL
				85 Zip Code	33483

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]* DATE: 4/12/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BARNAVON, YOAR MD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1150 N 35 AVE SUITE 550	1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33021	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP FERNANDEZ, JOHN MD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4875 N FEDERAL HWY SUITE 800	2.2 NAME	BOYD, J. BRIAN MD
STREET ADDRESS	FT LAUDERDALE FL 33308	2.3 STREET ADDRESS	3000 W. Cypress Creek Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Laud., FL 33309
TITLE	T LOMAGISTRO, FRANK J MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4300 N UNIVERSITY DR B 106	3.2 NAME	
STREET ADDRESS	LAUDERHILL FL 33351	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S BOYD, BRIAN J <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3000 W. CYPRESS CREEK RD.	4.2 NAME	LOMAGISTRO, FRANK MD
STREET ADDRESS	FT. LAUDERDALE FL 33309	4.3 STREET ADDRESS	4300 N UNIVERSITY DR - B106
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/15/99 DAYTIME PHONE #: 954-742-0808  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (1/98)