

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

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

P  
 BARNAVON, YOAR MD  
 1150 N 35 AVE SUITE 550  
 HOLLYWOOD FL 33021

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VP  
 FERNANDEZ, JOHN MD  
 4875 N FEDERAL HWY SUITE 800  
 FT LAUDERDALE FL 33308

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T  
 LOMAGISTRO, FRANK J MD  
 4300 N UNIVERSITY DR B 106  
 LAUDERHILL FL 33351

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

S  
 BOYD, BRIAN J  
 3000 W. CYPRESS CREEK RD.  
 FT. LAUDERDALE FL 33309

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

VP  
 BOYD, J. BRIAN MD  
 3000 W. Cypress Creek Rd.  
 Ft. Laud., FL 33309

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

S  
 LOMAGISTRO, FRANK MD  
 4300 N UNIVERSITY DR - B106  
 LAUDERHILL, FL 33351

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. LOMAGISTRO

4/15/99 954-742-0808

Date

Daytime Phone #

CR2E034 (1/98)