

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0278435

**DOCUMENT # P97000009967**

1. Entity Name

**SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.**

04-24-2001 90049 007 \*\*\*150.00

Principal Place of Business

Mailing Address

**4300 N. UNIVERSITY DRIVE  
 SUITE B106  
 LAUDERHILL FL 33351**

**4300 N. UNIVERSITY DRIVE  
 SUITE B106  
 LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0730061**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, JEFFERY L  
 54 NE 4TH AVE  
 DEL RAY BEACH FL 33483**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent Signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**P**  
 NAME **BARNAVON, YOAR MD**  
 STREET ADDRESS **1150 N 35 AVE SUITE 550**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VP**  
 NAME **BRIAN, BOYD J**  
 STREET ADDRESS **3000 W CYPRESS CREEK RD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**S**  
 NAME **LOMAGISTRO, FRANK J MD**  
 STREET ADDRESS **4300 N UNIVERSITY DR B 106**  
 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**T**  
 NAME **LOMAGISTRO, FRANK**  
 STREET ADDRESS **4300 N UNIVERSITY DR B106**  
 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank Lomagistro MD*

4/17/01  
 Date

954-742-0808  
 Daytime Phone #

CR2E034 (10/00)