

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13997

1. Entity Name

SURGICAL ASSISTANTS OF FLORIDA, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90127 012 ***150.00

Principal Place of Business Mailing Address
% EDWARD S. TRUPPMAN 7150 W 20 Ave
15485 EAGLE NEST LANE 15485 EAGLE NEST LANE
MIAMI LAKES FL 33014 #408
Healeah F/ 33016

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 59-2246222 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BERG, ELIOT H
15485 EAGLE NEST LN
SUITE #100
MIAMI LAKES FL 33014
7150 W. 20 Ave
#408
Healeah F/ 33016

7. Name and Address of New Registered Agent
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 *Eliot Berg* (NOTE: Registered Agent signature required when reinstating) DATE 4/19/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	CD	<input type="checkbox"/> Delete	TITLE	Only Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPPMAN, EDWARD		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15485 EAGLE NEST LN #250		STREET ADDRESS	Healeah F/ 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE	STED	<input type="checkbox"/> Delete	TITLE	Only Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, ELIOT		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	115 NW 167TH ST		STREET ADDRESS	Healeah F/ 33016	
CITY-ST-ZIP	NORTH MIAMI BCH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Only Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVIN, RICHARD		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15000 W. TROON CIRCLE		STREET ADDRESS	Healeah F/ 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Only Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVELLANET, NELLY		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15485 EAGLE NEST LN SUITE 100		STREET ADDRESS	Healeah F/ 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 like empowered.

SIGNATURE *Eliot Berg* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/19/00 Daytime Phone #

CR2E034 (9/99)