

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G43335** (0)

1. Corporation Name  
**WEST DADE SURGICAL ASSISTANTS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**15485 EAGLE NEST LN** **15485 EAGLE NEST LN**  
**STE 250** **STE 250**  
**MIAMI LAKES FL 33014** **MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified **06/13/1983** 3a. Date of Last Report **04/01/1994**

2. Principal Place of Business <b>21 15485 Eagle Nest Ln.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 15485 Eagle Nest Ln.</b> Suite, Apt. #, etc.	4. FEI Number <b>58-2293337</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22 SUITE 100</b> City & State	<b>27 Suite 100</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23 Miami Lakes FL</b> Zip Country	<b>28 Miami Lakes FL</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24 33014</b> <b>25</b>	<b>29 33014</b> <b>30</b>	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COLEMAN, IRA L</b> <b>201 S. BISCAYNE BLVD., 22ND FLOOR</b> <b>MIAMI FL 33131</b>		10. Name and Address of New Registered Agent			
		81 Name <b>DELAHOZ, GRACE</b>			
		82 Street Address (P.O. Box Number is Not Acceptable) <b>15485 EAGLE NEST LN SUITE 100</b>			
		83			
		84 City <b>MIAMI LAKES</b>	85 State <b>FL</b>	86 Zip Code <b>33014</b>	

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 *Grace de la Noz* **GRACE DE LA NOZ** DATE **4/24/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CSD</b>	NAME <b>TRUPPMAN, EDWARD S</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>15485 EAGLE NEST LN #100</b>	CITY- ST- ZIP <b>MIAMI LAKES FL</b>	12 NAME	
TITLE <b>PEDD</b>	NAME <b>BERG, ELIOT H</b>	13 STREET ADDRESS	
STREET ADDRESS <b>15485 EAGLE NEST LN #100</b>	CITY- ST- ZIP <b>MIAMI LAKES FL</b>	14 CITY- ST- ZIP	
TITLE <b>S</b>	NAME <b>SLAVIN, RICHARD K.,</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>15485 EAGLE NEST LANE, #100</b>	CITY- ST- ZIP <b>MIAMI LAKES FL</b>	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	24 CITY- ST- ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	34 CITY- ST- ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	44 CITY- ST- ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	54 CITY- ST- ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Eliot H Berg* **ELIOT H BERG M.D** DATE **4/24/95** TELEPHONE # **305 822-9770**