

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G43335 (0)**
1. Corporation Name
WEST DADE SURGICAL ASSISTANTS, INC.



Principal Place of Business: **15485 EAGLE NEST LN, 100 MIAMI LAKES FL 33014 US**
Mailing Address: **15485 EAGLE NEST LN, 100 MIAMI LAKES FL 33014 US**

3. Date Incorporated or Qualified: **06/13/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2293337**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**DELAHOZ, GRACE
15485 EAGLE NEST LN, SUITE 100
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* Date: **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	TRUPPMAN, EDWARD S	
STREET ADDRESS	15485 EAGLE NEST LN #100	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PEDD	<input type="checkbox"/> DELETE
NAME	BERG, ELIOT H	
STREET ADDRESS	15485 EAGLE NEST LN #100	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SLAVIN, RICHARD K.,	
STREET ADDRESS	15485 EAGLE NEST LANE, #100	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	C/O	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S/T/ED	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	P NELLY AVELLANET	
43 STREET ADDRESS	15485 EAGLE NEST LN, SUITE 100	
44 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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: *[Signature]* ELIOT H BERG MD 4/24/96 305-22-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)