

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 33014-2221 US |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/13/1983 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2293337 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip | 29. Zip |
| 25. Country | 30. 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. Name

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

83.

84. City **FL** 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | TRUPPMAN, EDWARD S | |
| STREET ADDRESS | 15485 EAGLE NEST LN #100 | |
| CITY-ST-ZIP | MIAMI LAKES FL | |
| TITLE | STED | <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 | P | <input type="checkbox"/> DELETE |
| NAME | AVELLANET, NELLY | |
| STREET ADDRESS | 15485 EAGLE NEST LN SUITE 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

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE _____

305822-9770
 ELIOT N. BERG MD

CR2E034 (9/96)