

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/13/1983**

4. FEI Number

**59-2293337**

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, Title, and name of registered agent

Signature, Title, and name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **TRUPPMAN, EDWARD S**  
STREET ADDRESS **15485 EAGLE NEST LN #100**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **STED** ☐ DELETE  
NAME **BERG, ELIOT H**  
STREET ADDRESS **15485 EAGLE NEST LN #100**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **S** ☐ DELETE  
NAME **SLAVIN, RICHARD K.**  
STREET ADDRESS **15485 EAGLE NEST LANE, #100**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **P** ☐ DELETE  
NAME **AVELLANET, NELLY**  
STREET ADDRESS **15485 EAGLE NEST LN SUITE 100**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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]*

**FL 07 N BEG 00 4/12/98 305842-9220**

CR2E034 (10/97)