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95 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H23019** (3)
1. Corporation Name
HIALEAH SURGICAL ASSISTANTS, INC.

Principal Place of Business Mailing Address
15485 EAGLE NEST LANE SUITE 250 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1984** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-2448957** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **15485 EAGLE NEST LN** Suite, Apt. #, etc. 26 **15485 EAGLE NEST LN** Suite, Apt. #, etc.
22 **SUITE 100** City & State 27 **SUITE 100** City & State
23 **MIAMI LAKES FL** Zip Country 28 **MIAMI LAKES FL** Zip Country
24 **33014** 25 29 **33014** 30

9. Name and Address of Current Registered Agent
**COLEMAN, IRA J.
201 S. BISCAYNE BLVD., 22ND FLOOR
SUITE 250
MIAMI FL 33131**

10. Name and Address of Now Registered Agent
81 Name **DELAHOZ, GRACE**
82 Street Address (P.O. Box Number is Not Acceptable) **15485 EAGLE NEST LN**
83 **SUITE 100**
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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]* **GRACE DELAHOZ** DATE **4/24/95**
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CSD
NAME	TRUPPMAN, EDWARD S.
STREET ADDRESS	15485 EAGLE NEST LN #100
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	PEDD
NAME	BERG, ELIOT H.
STREET ADDRESS	15485 EAGLE NEST LN #100
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SLAVIN, RICHARD K.
33 STREET ADDRESS	15485 EAGLE NEST LN SUITE 100
34 CITY - ST - ZIP	MIAMI LAKES, FL 33014
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
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 110.07(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 my address.

SIGNATURE: *[Signature]* **ELIOT H. BERG, MD** DATE **4/24/95** TELEPHONE **305 822-9770**
(Signature, typed or printed name of signing officer or director) (Date) (Telephone)