

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 100 MIAMI LAKES FL 33014 US**

3. Date Incorporated or Qualified **09/27/1984** 3a. Date of Last Report **05/01/1995**

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

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  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent **DELAHOZ, GRACE 15485 EAGLE NEST LANE 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 \_\_\_\_\_ (Signatures typed or printed name of registered agent and title, if applicable. (MODEL Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUPPMAN, EDWARD S.</b>	1.2 NAME	
STREET ADDRESS	<b>15485 EAGLE NEST LN #100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PEDD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S/EO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERG, ELIOT H.</b>	2.2 NAME	
STREET ADDRESS	<b>15485 EAGLE NEST LN #100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAVIN, RICHARD K</b>	3.2 NAME	
STREET ADDRESS	<b>25485 EAGLE NEST LANE, SUITE 100</b>	3.3 STREET ADDRESS	<b>15485 EAGLE NEST LN, SUITE 100</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>P NELLY AVELLANET</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>15485 EAGLE NEST LANE, SUITE 100</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI LAKES, F</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **NELLY AVELLANET** 6/27/96 305822-9770  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District File No.

CR2E034 (3/96)