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 #   H78985   (9)

1. Corporation Name

AMERICAN SURGICAL ASSISTANTS, INC.

Principal Place of Business	Mailing Address
15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014 US	15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014 US

3. Date Incorporated or Qualified	3a. Date of Last Report
10/03/1985	05/01/1995

4. FEI Number		
59-2581952		Applied For / Not Applicable

2. Principal Place of Business
- 21
- 22 Suite, Apt. #, etc.
- 23 City & State
- 24 Zip
- 25 Country

2a. Mailing Address
- 26
- 27 Suite, Apt. #, etc
- 28 City & State
- 29 Zip
- 30 Country

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 _____ _Grace de la FF_   4/26/96

12. OFFICERS AND DIRECTORS

			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CSD NAME: TRUPPMAN, EDWARD S. STREET ADDRESS: 15485 EAGLE NEST LN #100 CITY-ST-ZIP: MIAMI LAKES FL	☐ DELETE	1.1 TITLE: C/O 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: PEDD NAME: BERG, ELIOT H. STREET ADDRESS: 15485 EAGLE NEST LN #100 CITY-ST-ZIP: MIAMI LAKES FL	☐ DELETE	2.1 TITLE: S/T/ED 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: D NAME: SLAVIN, RICHARD K STREET ADDRESS: 15485 EAGLE NEST LANE, SUITE 100 CITY-ST-ZIP: MIAMI LAKES FL	☐ DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	4.1 TITLE: P 4.2 NAME: NELLY AVELLANET 4.3 STREET ADDRESS: 15485 EAGLE NEST LN SUITE 100 4.4 CITY-ST-ZIP: MIAMI LAKES, Fl 33014	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition

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: _____ ELIOT H BERG MD 4/24/96 305 822-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)