FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J02353** **(7)**

1. Corporation Name
PINES SURGICAL ASSISTANTS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1986
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business	2a. Mailing Address
21 15485 Eagle Nest LN	26 15485 Eagle Nest LN
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 Miami Lakes FL	City & State 28 miami Lakes FL
Zip 24 33014 25 County	Zip 29 33014 30 County

4. FEI Number: 59-2648290 ☐ 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/has not elected for S corporation tax under S. 1362, Florida Statutes ☒ Yes ☐ No

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 New 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 85 FL 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: Grace de la Noz — GRACE DE LA NOZ — 4/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD	11 TITLE	☐ Change ☐ Addition
NAME	TRUPPMAN, EDWARD S.	12 NAME	
STREET ADDRESS	15485 EAGLE NEST LN #100	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP	
TITLE	PEDD	21 TITLE	☐ Change ☐ Addition
NAME	BERG, ELIOT H.	22 NAME	
STREET ADDRESS	15485 EAGLE NEST LN #100	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	SLAVIN, RICHARD K.
STREET ADDRESS		33 STREET ADDRESS	15485 EAGLE Nest LN. Suite 100
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	**REMITTED BY MAY 1**
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 X.

SIGNATURE: X Eliot N Berg M.D. 4/24/95 305 822-9773
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date — Daytime Phone #

0084196 CP