

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J22193 (3)**

1. Corporation Name  
**BISCAYNE 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 **07/02/1986** 3a. Date of Last Report **04/01/1994**  
4. FEI Number **59-2685785** 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

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 New Registered Agent  
81 Name **DELANOZ, GRACE**  
82 Street Address (P.O. Box Number is Not Acceptable) **15485 Eagle Nest Ln. Suite 100**  
83  
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 *Sandra D. Morham* **GRACE DELANOZ** **4/24/95**  
Signature, typed or partial name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CSD</b>
NAME	<b>TRUPPMAN, EDWARD S.</b>
STREET ADDRESS	<b>15485 EAGLE NEST LN #300</b>
CITY- ST- ZIP	<b>MIAMI LAKES FL</b>
TITLE	<b>PEDD</b>
NAME	<b>BERG, ELLIOT H.</b>
STREET ADDRESS	<b>15485 EAGLE NEST LN #100</b>
CITY- ST- ZIP	<b>MIAMI LAKES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D'</b>
3.3 STREET ADDRESS	<b>SLAVIN, RICHARD K.</b>
3.4 CITY- ST- ZIP	<b>15485 Eagle Nest Ln Suite 100 MIAMI LAKES, FL 33014</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 or hereon, or on an attachment with or without this report.

SIGNATURE: *Elliott H. Berg* **ELLIOT H. BERG M.D.** **4/24/95** **305 822-9770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration (None)