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 # **J22193** **(3)**

1. Corporation Name

BISCAYNE 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: 07/02/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2685785 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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: [signature] — Signature typed or printed name of registered agent and the date above. (NOTE: Registered Agent signature required when consenting.) Date: 4/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CSD ☐ DELETE NAME: TRUPPMAN, EDWARD S. STREET ADDRESS: 15485 EAGLE NEST LN #300 CITY-ST-ZIP: MIAMI LAKES FL		1.1 TITLE: C/D 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: PEDD ☐ DELETE NAME: BERG, ELLIOT H. STREET ADDRESS: 15485 EAGLE NEST LN #100 CITY-ST-ZIP: MIAMI LAKES FL		2.1 TITLE: S/T/ED 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: D ☐ DELETE NAME: SLAVIN, RICHARD K STREET ADDRESS: 15485 EAGLE NEST LANE, SUITE 100 CITY-ST-ZIP: MIAMI LAKES FL		3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE: D 4.2 NAME: NELLY AVELLANET 4.3 STREET ADDRESS: 15485 EAGLE NEST, 4.4 CITY-ST-ZIP: MIAMI LAKES, FL 33014	☐ Change ☒ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		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: [signature] ELIOT N BERG MD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/24/96 — Daytime Phone #: 305 822-9770

CR2E034 (12/95)