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

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

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

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] Grace de Lahoz 4/26/96

Signature typed or printed name of registered agent and the date of appointment (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSD	☐ DELETE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	TRUPPMAN, EDWARD S.		1.2 NAME		
STREET ADDRESS	15485 EAGLE NEST LN #300		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP		
TITLE	PEDD	☐ DELETE	2.1 TITLE	S/T/ED	☒ Change ☐ Addition
NAME	BERG, ELLIOT H.		2.2 NAME		
STREET ADDRESS	15485 EAGLE NEST LN #100		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SLAVIN, RICHARD K		3.2 NAME		
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME			4.2 NAME	NELLY AVELLANET	
STREET ADDRESS			4.3 STREET ADDRESS	15485 EAGLE NEST,	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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] ELLIOT H BERG MD 4/24/96 305822-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)