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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1986

4. FEI Number

59-2885785

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 duties of a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME TRUPPMAN, EDWARD S.
STREET ADDRESS 15485 EAGLE NEST LN #300
CITY-ST-ZIP MIAMI LAKES FL

TITLE STED ☐ DELETE

NAME BERG, ELLIOT H.
STREET ADDRESS 15485 EAGLE NEST LN #100
CITY-ST-ZIP MIAMI LAKES FL

TITLE D ☐ DELETE

NAME SLAVIN, RICHARD K
STREET ADDRESS 15485 EAGLE NEST LANE, SUITE 100
CITY-ST-ZIP MIAMI LAKES FL

TITLE P ☐ DELETE

NAME AVELLANET, NELLY
STREET ADDRESS 15485 EAGLE NEST SUITE 100
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 address.

SIGNATURE

ELIOT H. BERG MD 4/12/98 205 822-9220

CR2E034 (10/97)