

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

g. 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 accountable for, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | STED <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | P <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AVELLANET, NELLY | 4.2 NAME | |
| STREET ADDRESS | 15485 EAGLE NEST SUITE 100 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *[Signature]* **ELIOT H BERG MD 4/12/98 205 922-9270**

CR2E034 (10/97)