

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22193

1. Entity Name

BISCAYNE SURGICAL ASSISTANTS, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90149 001 *1,650.00

Principal Place of Business	Mailing Address
15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014 US 7150 W 20 Ave #408 Hialeah FL 33016	15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33016-5532 US 7150 W 20 Ave #408 Hialeah FL 33016



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	59-2685785	Applied For	Not Applicable
City & State	City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERG, ELIOT H 15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014 7150 W. 20 Ave #408 Hialeah FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Eliot H Berg* (NOTE: Registered Agent signature required when reinstating) DATE 6/19/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUPPMAN, EDWARD S. 15485 EAGLE NEST LN #300 MIAMI LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLY ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W 20 Ave #408 Hialeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STED BERG, ELLIOT H. 15485 EAGLE NEST LN #100 MIAMI LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLY ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Hialeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAVIN, RICHARD K 15485 EAGLE NEST LANE, SUITE 100 MIAMI LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Only Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Hialeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVELLANET, NELLY 15485 EAGLE NEST SUITE 100 MIAMI LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Only Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Hialeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Eliot H Berg* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 6/19/00 DAYTIME PHONE #

CR2E034 (9/99)