

**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	
<del>15485 EAGLE NEST LANE</del> <del>SUITE 100</del> <del>MIAMI LAKES FL 33014</del> US <u>7150 W 20 Ave # 408</u> <u>Healeah FL 33016</u>		<del>15485 EAGLE NEST LANE</del> <del>SUITE 100</del> <del>MIAMI LAKES FL 33016-5532</del> US <u>7150 W 20 Ave # 408</u> <u>Healeah FL 33016</u>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2685785</b>		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERG, ELIOT H <del>15485 EAGLE NEST LANE</del> <u>7150 W. 20 Ave # 408</u> <del>SUITE 100</del> <u>Healeah FL 33016</u> MIAMI LAKES FL 33014		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUPPMAN, EDWARD S. <del>15485 EAGLE NEST LN #300</del> 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 Healeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STED BERG, ELLIOT H. <del>15485 EAGLE NEST LN #100</del> 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 Healeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAVIN, RICHARD K <del>15485 EAGLE NEST LANE, SUITE 100</del> 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 Healeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVELLANET, NELLY <del>15485 EAGLE NEST SUITE 100</del> 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 Healeah 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 #

CRZE034 (9/99)