

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # J70524 (0)

1. Corporation Name

**SINAI SURGICAL ASSISTANTS, ELIOT H. BERG, M.D. A
ND EDWARD S. TRUPPMAN, M.D., P.A.**

05 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**15485 EAGLE NEST LANE
SUITE 250
MIAMI LAKES FL 33014**

Mailing Address

**15485 EAGLE NEST LANE
SUITE 250
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1987

3a. Date of Last Report

04/01/1994

2. Principal Place of Business

21 15485 Eagle Nest LN
Suite, Apt. #, etc.

2a. Mailing Address

26 15485 Eagle Nest LN
Suite, Apt. #, etc.

22 Suite 100

City & State

27 Suite 100

City & State

23 Miami Lakes FL
Zip Country

28 Miami Lakes FL
Zip Country

24 33014

25

29 33014

30

4. FEI Number

59-2798354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**COLEMAN, IRA J.
201 S. BISCAYNE BLVD., 22ND FLOOR
SUITE 205
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

DELANOZ, Grace

82 Street Address (P.O. Box Number is Not Acceptable)

15485 Eagle Nest Ln Suite 100

83

84 City

Miami Lakes

FL

85 Zip Code

33014

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 for 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 DELANOZ

4/24/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CSD
TRUPPMAN, EDWARD S.
15485 EAGLE NEST LN #100
MIAMI LAKES FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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
**D
Slavin, Richard K.
15485 Eagle Nest Ln. Suite 100
Miami Lakes, FL 33014**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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] **ELIOT H. BERG**

DATE

4/24/95

305822-9770

(Signature and typed or printed name of signing officer or director)