

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J70722

1. Corporation Name
SURGICAL ASSOCIATES OF THE PALM BEACHES, INC.

Principal Place of Business
**1201 NORTH OLIVE AVENUE
WEST PALM BCH. FL 33401**

Mailing Address
**1201 NORTH OLIVE AVENUE
WEST PALM BCH. FL 33401**

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90003 016 ***150.00
07-09-1999 90015 031 ***400.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2803045	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LYNN, FRANCIS X. J
340 ROYAL POINCIANA PLAZA
PALM BEACH FL**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASHA, ITZHAK I	1.2 NAME	
STREET ADDRESS	1201 N. OLIVE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHA, NATALIE	2.2 NAME	
STREET ADDRESS	1201 N. OLIVE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARTIN	3.2 NAME	
STREET ADDRESS	1201 N. OLIVE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NANCY	4.2 NAME	
STREET ADDRESS	1201 N. OLIVE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH 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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99 **561-666-4814**
Date Daytime Phone #

CR2E034 (1/98)