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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 # K07788 (8)

1. Corporation Name

MIAMI SURGICAL ASSISTANTS, ELIOT H. BERG, M.D.,
AND EDWARD S. TRUPPMAN, M.D., P.A.

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

3. Date Incorporated or Qualified

12/16/1987

4. FEI Number

65-0019948

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DELAHOZ, GRACE
14585 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 the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SLAVIN, RICHARD K
15485 EAGLE NEST LANE, SUITE 100
MIAMI LAKES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
AVELLANET, NELLY
15485 EAGLE NEST LN SUITE 100
MIAMI LAKES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

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 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

ELIOT H. BERG MD 4/17/98 305 822-9770

CR2E034 (10/97)