

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sanders B. Morthen
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K23577** (5)

1. Corporation Name

BOCA RATON SURGICAL ASSISTANTS, INC.

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

05/13/1988

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0049814

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. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **15485 EAGLE NEST LN**
Suite, Apt. #, etc.

22 **SUITE 100**

City & State

23 **MIAMI LAKES FL**

Zip

24 **33014**

Country

2a. Mailing Address

26 **15485 EAGLE NEST LN**
Suite, Apt. #, etc.

27 **SUITE 100**

City & State

28 **MIAMI LAKES FL**

Zip

29 **33014**

Country

10. Name and Address of New Registered Agent

81 Name

DELAHOZ, GRACE

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

15485 EAGLE NEST LN

83 **SUITE 100**

84 City

MIAMI LAKES

FL

85 Zip Code

33014

**COLEMAN, IRA J.
201 S. BISCAYNE BLVD. 22ND FLOOR
SUITE 250
MIAMI FL 33131**

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

Grace Delahoz

GRACE DELAHOZ

4/24/95

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **PEDD**
NAME **BERG, ELIOT H.**
STREET ADDRESS **15485 EAGLE NEST LN #100**
CITY - ST - ZIP **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 **D**
3.3 STREET ADDRESS **SLAVIN, RICHARD K.**
3.4 CITY - ST - ZIP **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 119.07(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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Eliot H. Berg **ELIOT H. BERG M.D.**

4/24/95 305 522-9220