

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K23577

1. Entity Name

BOCA RATON 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 15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014 US 7150 W. 20 Ave #408 Staleah F/ 33016	Mailing Address 15485 EAGLE NEST LANE 7150 W. 20 Ave #4 SUITE 100 MIAMI LAKES FL 33016-5533 US Staleah F/ 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0049814	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERG, ELIOT H 15485 EAGLE NEST LANE 7150 W. 20 Ave SUITE 100 #408 MIAMI LAKES FL 33014 Staleah F/ 33016

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>[Signature]</i> 4/19/00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete TRUPPMAN, EDWARD S. 15485 EAGLE NEST LN #400 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STED <input type="checkbox"/> Delete BERG, ELIOT H. 15485 EAGLE NEST LN #100 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SLAVIN, RICHARD K 15485 EAGLE NEST LANE, SUITE 100 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete AVELLANET, NELLY 15485 EAGLE NEST LN SUITE 400 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Only Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Staleah F/ 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Only Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Staleah F/ 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Only Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Staleah F/ 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Only Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7150 W. 20 Ave #408 Staleah F/ 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> 4/19/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #
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CR2E034 (9/99)