

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K79977** (0)

1. Corporation Name

**NORTH BEACH 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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DELAHOZ, GRACE
15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014**

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer

Printed, Registered Agent Signature (required when terms change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	TRUPPMAN, EDWARD S.	
STREET ADDRESS	15485 EAGLE NEST LN #100	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	PEDD	<input type="checkbox"/> DELETE
NAME	BERG, ELIOT H.	
STREET ADDRESS	15485 EAGLE NEST LN #100	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLAVIN, RICHARD K	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE	S/T/ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	P	
15. STREET ADDRESS	NELLY AVELLANET	
16. CITY - ST - ZIP	15485 EAGLE NEST LN, SUITE 100	
17. CITY - ST - ZIP	MIAMI LAKES, FL. 33014	
18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		
20. STREET ADDRESS		
21. CITY - ST - ZIP		
22. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME		
24. STREET ADDRESS		
25. 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 SIGNING OFFICER OR DIRECTOR

ELIOT H. BERG MD 4/24/96 305822-9770

CR2E034 (12/95)