

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014
US

Mailing Address

15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014-2221
US



3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0120752

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DELAHOZ, GRACE
15485 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
CD	TRUPPMAN, EDWARD S.	15485 EAGLE NEST LN #100	MIAMI LAKES FL	☐
STED	BERG, ELIOT H.	15485 EAGLE NEST LN #100	MIAMI LAKES FL	☐
D	SLAVIN, RICHARD K	15485 EAGLE NEST LANE, SUITE 100	MIAMI LAKES FL	☐
P	NELLY AVELLANET	15485 EAGLE NEST LANE, SUITE 100	MIAMI LAKES FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
1.1	1.2	1.3	1.4	☐	☐
2.1	2.2	2.3	2.4	☐	☐
3.1	3.2	3.3	3.4	☐	☐
4.1	4.2	4.3	4.4	☐	☐
5.1	5.2	5.3	5.4	☐	☐
6.1	6.2	6.3	6.4	☐	☐

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIOT H. BERG MD 4/10/97 3058229770

Date

Daytime Phone #

0121293

CR2E034 (9/96)