

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90308 001 \*1,350.00

**DOCUMENT # K79977**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1989**

4. FEI Number

**65-0120752**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**Eliot H. Berg**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE

NAME **TRUPPMAN, EDWARD S.**

STREET ADDRESS **15485 EAGLE NEST LN #100**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **STED** ☐ DELETE

NAME **BERG, ELIOT H.**

STREET ADDRESS **15485 EAGLE NEST LN #100**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☐ DELETE

NAME **SLAVIN, RICHARD K**

STREET ADDRESS **15485 EAGLE NEST LANE, SUITE 100**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **P** ☐ DELETE

NAME **NELLY AVELLANET**

STREET ADDRESS **15485 EAGLE NEST LANE, SUITE 100**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/99**

CR2E034 (11/98)

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