

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L64981

1. Entity Name

BETHESDA 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 Mailing Address
15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014 US
7150 W. 20 Ave #408 Hialeah FL 33016



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0188259 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERG, ELIOT H
15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014
7150 W. 20 Ave #408 Hialeah FL 33016

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Chad P. Berg* DATE 4/19/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	Only Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPPMAN, EDWARD S		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15485 EAGLE NEST LN #100		STREET ADDRESS	Hialeah FL 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE	STED	<input type="checkbox"/> Delete	TITLE	Only Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, ELIOT H.		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15485 EAGLE NEST LN #100		STREET ADDRESS	Hialeah FL 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Only Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVIN, RICHARD K		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100		STREET ADDRESS	Hialeah FL 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Only Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVELLANET, NELLY		NAME	7150 W. 20 Ave #408	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100		STREET ADDRESS	Hialeah FL 33016	
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Chad P. Berg* DATE: 4/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)