

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000130620

1. Entity Name  
SURGERY ASSISTED BY B & H, INC.



Principal Place of Business  
21110 BISCAYNE BLVD  
SUITE 203  
AVENTURA, FL 33180

Mailing Address  
21110 BISCAYNE BLVD  
SUITE 203  
AVENTURA, FL 33180



01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4409759

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ZACK, ELLIOTT N  
1031 NORTH MIAMI BEACH BLVD  
NORTH MIAMI BEACH, FL 34162

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BLUMENTHAL, BARRY M  
STREET ADDRESS 21110 BISCAYNE BLVD, SUITE 203  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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01/18/08-80005-013-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

1/15/08