2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074130

Entity Name: MIAMI BEACH SURGICAL ASSISTANTS, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5835 S.W. 128TH COURT MIAMI, FL 33183 **Current Mailing Address: New Mailing Address:** 5835 S.W. 128TH COURT MIAMI, FL 33183 FEI Number: 37-1571801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLOUCHA, L.M. BONET, ELIZABETH ATKINSON, DINER, STONE, MANKUTA & PLOUCHA 1330 WEST AVE 100 SE THIRD AVE SUITE 1400 #1009 FORT LAUDERDALE, FL 33394 US MIAMI BEACH, FL 33139 US 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: ELIZABETH BONET 02/11/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PERAZA, ELIO R Name: Name: 5835 S.W. 128TH COURT Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DEDIOS, DANTE H Name: 6020 NW 40TH STREET Address: Address: VIRGINIA GARDENS, FL 33166 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KAPLAN, EDUARD Name: Name: 1571 YELLOW HEART WAY Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: () Change () Addition LIVERA, MIGUEL B Name: Name: Address: 6750 NW 193RD LANE Address: City-St-Zip: City-St-Zip: MIAMI, FL 33015 Title: Title: () Delete (X) Change () Addition BONET, ELIZABETH M Name: Name: BONET, ELIZABETH M 1932 MICHIGAN AVE APT. 10 Address: 1330 WEST AVE #1330 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BONET D 02/11/2009