FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000076270 (4)**

1. Corporation Name
WESTSIDE SURGICAL ASSISTANTS, INC.

Principal Place of Business
15485 EAGLE NEST LANE. SUITE 100
MIAMI LAKES FL 33014

Mailing Address
15485 EAGLE NEST LANE. SUITE 100
MIAMI LAKES FL 33014

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report:
4. FEI Number: 65-0614440 ☐ 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
REISER, RAYMOND A
1 S.E. 3RD AVE., SUITE 1240
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: GRACE DE LA HOZ
82 Street Address (P.O. Box Number is Not Acceptable): 15485 EAGLE NEST LN. SUITE 100
83
84 City: MIAMI LAKES FL 85 Zip Code: 33014

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] Signature, typed or printed name of registered agent and title if applicable
[signature: Grace de la Hoz] (NOTE: Registered Agent signature required when reinstating) DATE 4/26/96

12. OFFICERS AND DIRECTORS

TITLE	CSD	☐ DELETE
NAME	TRUPPMAN, EDWARD S	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PEDD	☐ DELETE
NAME	BERG, ELIOT H	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	☐ DELETE
NAME	SCAVIN, RICHARD K	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/T/ED	☒ 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	P	☐ Change ☒ Addition
4.2 NAME	NELLY AVELLANET	
4.3 STREET ADDRESS	15485 EAGLE NEST LN, SUITE 100	
4.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] ELIOT H BERG MD 4/24/96 305822-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)