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May 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000076270			
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 Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <del>DE LA HOZ, GRACE</del> 15485 EAGLE NEST LN SUITE 100 MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 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 <i>[Signature]</i> DATE 4/20/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD NAME TRUPPMAN, EDWARD S STREET ADDRESS 15485 EAGLE NEST LANE, SUITE 100 CITY-ST-ZIP MIAMI LAKES FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE STED NAME BERG, ELIOT H STREET ADDRESS 15485 EAGLE NEST LANE, SUITE 100 CITY-ST-ZIP MIAMI LAKES FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D NAME SCAVIN, RICHARD K STREET ADDRESS 15485 EAGLE NEST LANE, SUITE 100 CITY-ST-ZIP MIAMI LAKES FL 33014		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE P NAME AVELLANET, NELLY STREET ADDRESS 15485 EAGLE NEST LN SUITE 100 CITY-ST-ZIP MIAMI LAKES FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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

4/20/99

Date

Daytime Phone #

CR2E034 (11/98)