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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1995 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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent DE LA HOZ, GRACE 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 [Signature] DATE 4/20/99 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS CD TRUPPMAN, EDWARD S 15485 EAGLE NEST LANE, SUITE 100 MIAMI LAKES FL STED BERG, ELIOT H 15485 EAGLE NEST LANE, SUITE 100 MIAMI LAKES FL D SCAVIN, RICHARD K 15485 EAGLE NEST LANE, SUITE 100 MIAMI LAKES FL 33014 P AVELLANET, NELLY 15485 EAGLE NEST LN SUITE 100 MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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] DATE 4/20/99 Daytime Phone #

CR2F034 (11/98)