

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P96000042133 (4)

1. Corporation Name
SURGICAL TEAM ADVISERS, INC.



Principal Place of Business

Mailing Address

~~5101 COLLINS AVENUE~~
~~PENTHOUSE E~~
~~MIAMI BEACH FL 33140~~

~~5101 COLLINS AVENUE~~
~~PENTHOUSE E~~
~~MIAMI BEACH FL 33140-2727~~

2. Principal Place of Business

21 5445 Collins Avenue

Suite, Apt. #, etc.

22 CU-8A

City & State

23 Miami Beach, FL

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 5445 Collins Avenue

Suite, Apt. #, etc.

27 CU-8A

City & State

28 Miami Beach, FL

Zip

29 33140

Country

30 USA

3. Date Incorporated or Qualified

05/16/1996

3a. Date of Last Report

4. FEI Number

65-0674012

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

HERSH, BRIAN R
19 WEST FLAGLER ST. SUITE 602
BISCAYNE BLDG.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RYDSTROM, INGEMAR
STREET ADDRESS 5101 COLLINS AVE. PENTHOUSE E
CITY - ST - ZIP MIAMI BEACH FL 33140

☐ DELETE

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 do 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.

SIGNATURE: X *Ruth MATTIOLI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/28/97 X 305-868-8181
Date Daytime Phone #

CR2E034 (9/96)