

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90097 009 ***150.00

DOCUMENT # P97000009967

1. Corporation Name

SOUTH FLORIDA MICROSURGERY ASSOCIATES, P.A.



Principal Place of Business

4300 N. UNIVERSITY DRIVE
SUITE B106
LAUDERHILL FL 33351

Mailing Address

4300 N. UNIVERSITY DRIVE
SUITE B106
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0730061

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip Country

27 City & State

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

BRADY, FRANK R ESQ.
370 W. CAMINO GARDENS BLVD., SUITE 336
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

JEFFREY L. COHEN

82 Street Address (P.O. Box Number is Not Acceptable)

54 NE 4TH AVENUE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483

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

4/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS BARNAVON, YOAR MD
CITY-ST-ZIP 1150 N 35 AVE SUITE 550
HOLLYWOOD FL 33021

TITLE ☒ DELETE

NAME VP
STREET ADDRESS FERNANDEZ, JOHN MD
CITY-ST-ZIP 4875 N FEDERAL HWY SUITE 800
FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME T
STREET ADDRESS LOMAGISTRO, FRANK J MD
CITY-ST-ZIP 4300 N UNIVERSITY DR B 106
LAUDERHILL FL 33351

TITLE ☒ DELETE

NAME S
STREET ADDRESS BOYD, BRIAN J
CITY-ST-ZIP 3000 W. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309

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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP
2.3 STREET ADDRESS BOYD, J. BRIAN MD
2.4 CITY-ST-ZIP 3000 W. Cypress Creek Rd.
Ft. Laud., FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME S
4.3 STREET ADDRESS LOMAGISTRO, FRANK MD
4.4 CITY-ST-ZIP 4300 N UNIVERSITY DR - B106
LAUDERHILL, FL 33351

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 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

4/15/99 954-742-0808

CR2E034 (11/98)