

FILED
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Secretary of State

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DOCUMENT - 2

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DIVISION OF CORPORATIONS
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DOCUMENT # P98000101160

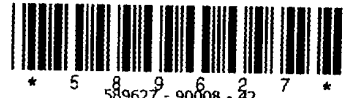
1. Corporation Name

NORTH BROWARD MEDICAL SURGICAL ASSISTANTS, INC.

Principal Place of Business

15485 EAGLE NEST LANE #100
MIAMI LAKES FL 33014

Mailing Address

15485 EAGLE NEST LANE #100
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7150 W 20 Ave		26 7150 W 20 Ave		12/04/1998	
22 Suite, Apt. #, etc. #408		27 Suite, Apt. #, etc. #408		4. FEI Number 65-0888993	
23 City & State Hialeah FL		28 City & State Hialeah, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33016		29 Zip 33016		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REISER, RAYMOND A
 1 S.E. 3RD AVE. STE. 1860
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Eliot H. Berg
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 7150 W 20 Ave # 408
 84 City Hialeah FL 85 Zip Code 33016

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPPMAN, EDWARD	1.2 NAME	7150 W 20 Ave # 408
STREET ADDRESS	15485 EAGLE NEST LANE #100	1.3 STREET ADDRESS	Hialeah, FL 33016
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVELLANET, NELLY	2.2 NAME	7150 W 20 Ave # 408
STREET ADDRESS	15485 EAGLE NEST LANE #100	2.3 STREET ADDRESS	Hialeah, FL 33016
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, ELIOT	3.2 NAME	BERG
STREET ADDRESS	7100 W. 20TH AVE. STE. 403	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVIN, RICHARD	4.2 NAME	
STREET ADDRESS	15900 W. TROON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (11/98)