2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 08, 2000 8:00 am
Secretary of State
05-06-2000 90149 001 *1,650.00

DOCUMENT #P99000045967

1. Entity Name

FLORIDA MEDICAL SURGICAL ASSISTANTS, INC.

Principal Place of Business	Mailing Address
7150 W. 20TH AVENUE STE. 408 HIALEAH FL 33016	7150 W. 20TH AVENUE STE. 408 HIALEAH FL 33016-5533

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0926354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~REISER, RAYMOND A~~ ~~ONE S.E. THIRD AVE. STE. 1860~~ ~~MIAMI FL 33131~~	Name Berg Eliot H. Street Address (P.O. Box Number is Not Acceptable) 7150 W. 20 Ave # 408 City Hialeah FL Zip Code 33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Eliot H Berg 4/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUPPMAN, EDWARD 7150 W. 20TH AVENUE STE. 408 HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DST~~ BERG, ELIOT ~~7000 W. 20TH AVE. STE. 403~~ ~~HIALEAH FL 33016~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Only Address 7150 W. 20 Ave # 408 Hialeah Fl 33016 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLAVIN, RICHARD ~~15900 W. TROON CIRCLE~~ ~~MIAMI LAKES FL 33014~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Only Address 7150 W. 20 Ave # 408 Hialeah Fl 33016 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AVELLANET, NELLY 7150 W. 20TH AVENUE STE. 408 HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eliot H Berg 4/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #