FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46698** **(9)**

1. Corporation Name

WEST BROWARD SURGICAL ASSISTANTS, P.A.

Principal Place of Business	Mailing Address
1100 NE 167TH ST SUITE 403 N MIAMI BEACH FL	1100 NE 167TH ST SUITE 403 N MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21 15485 Eagle Nest LN (Suite, Apt. #, etc.)
22 SUIte 100
City & State: 23 MIAMI LAKES FL
Zip: 24 33014 Country: 25

2a. Mailing Address
26 15485 Eagle Nest LN (Suite, Apt. #, etc.)
27 SUIte 100
City & State: 28 MIAMI LAKES FL
Zip: 29 33014 Country: 30

4. FEI Number: 65-0343118 ☐ 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

COLEMAN, IRA J.
201 S BISCAYNE BLVD
MIAMI CENTER 22ND FL
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: DELAHOZ GRACE
82 Street Address (P.O. Box Number is Not Acceptable): 15485 Eagle Nest ln
83 Suite 100
84 City: MIAMI Lakes 85 FL Zip Code: 33014

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: Grace De La Noz — GRACE DE LA NOZ (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when name is changed) — DATE: 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSD	11 TITLE		☐ Change ☐ Addition
NAME	TRUPPMAN, EDWARD S	12 NAME		
STREET ADDRESS	15485 EAGLE NEST LANE #100	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP		
TITLE	PEDD	21 TITLE		☐ Change ☐ Addition
NAME	BERG, ELIOT H.	22 NAME		
STREET ADDRESS	15485 EAGLE NEST LN #100	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	SLAVIN, RICHARD K.	
STREET ADDRESS		33 STREET ADDRESS	15485 Eagle Nest Ln. Suite 100	
CITY ST ZIP		34 CITY-ST-ZIP	Miami Lakes FL 33014	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ELIOT H BERG M.D 4/24/95 305 822-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178434 CP