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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90308 001 *1,350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V46698

1. Corporation Name
WEST BROWARD SURGICAL ASSISTANTS, P.A.



Principal Place of Business
15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014
US

Mailing Address
15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	06/29/1992	65-0343118	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution		
Zip	Zip	8. This corporation owes the current year Intangible		
24	29	Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DELAHOZ, GRACE~~
15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014

81 Name Eliot H. Berg
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

4/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	1.1 TITLE	
NAME	TRUPPMAN, EDWARD S	1.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LANE #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	STED	2.1 TITLE	
NAME	BERG, ELIOT H.	2.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LN #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SLAVIN, RICHARD K	3.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	AVELLANET, NELLY	4.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LN SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 #

4/20/99

CR2E034 (1/98)

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