

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

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # F77008 (3)**

1. Corporation Name  
**SURGICARE OF FLORIDA, INC.**



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**  
 Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202-0570**

3. Date Incorporated or Qualified: **04/20/1982**      3a. Date of Last Report: **04/26/1996**  
 4. FEI Number: **95-3947578**      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

2. Principal Place of Business: **PO Box 750**  
 2a. Mailing Address: **PO Box 750**  
 22. Suite, Apt #, etc.:  
 23. City & State: **Nashville TN**  
 24. Zip: **37203**      Country: **USA**

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81 Name  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEEN, DONALD E.</b>	
STREET ADDRESS	<b>13455 NOEL ROAD 20TH FLOOR</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, STEPHEN</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLBY, DAVID C.</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGHERTY, KATHRYN K</b>	
STREET ADDRESS	<b>13455 NOEL ROAD 20TH FLOOR</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, R. MILTON</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCK, JOHN M</b>	
STREET ADDRESS	<b>ONE PARKPLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Morgan, George</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Donahay, Kenneth</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>James, Laura</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ Date: **4-1-97** Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)