

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

8192

PROFIT CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY 10 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000703

1. Corporation Name

SURGEX-SARASOTA, INC.

Principal Place of Business
c/o T² Medical, Inc.
1121 Alderman Drive
Alpharetta GA 30202

Mailing Address
c/o T² Medical, Inc.
1121 Alderman Drive
Alpharetta, GA 30202

3. Date Incorporated or Qualified 2/14/94	3a. Date of Last Report 5/1/95
4. FEI Number 58-2073938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**The Prentice-Hall Corporation Registered System, Inc.
1201 Hays Street
Tallahassee, Florida 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P C <input type="checkbox"/> DELETE	1. TITLE	P T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald E. Moore	12. NAME	Ronald E. Moore
STREET ADDRESS	1121 Alderman Drive	13. STREET ADDRESS	2711 Park Hill Dr.
CITY- ST- ZIP	Alpharetta, GA 30202	14. CITY- ST- ZIP	Ft. Worth, TX 76109
TITLE	V C S T <input type="checkbox"/> DELETE	2. TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott T. Larson	22. NAME	Scott T. Larson
STREET ADDRESS	1121 Alderman Drive	23. STREET ADDRESS	c/o Coram Healthcare Corporation
CITY- ST- ZIP	Alpharetta, GA 30202	24. CITY- ST- ZIP	1121 Alderman Dr.
TITLE	V <input checked="" type="checkbox"/> DELETE	3. TITLE	Alpharetta GA 30202 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Bennett	32. NAME	
STREET ADDRESS	1121 Alderman Drive	33. STREET ADDRESS	
CITY- ST- ZIP	Alpharetta, GA 30202	34. CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce A. Kolleda	42. NAME	
STREET ADDRESS	1121 Alderman Drive	43. STREET ADDRESS	
CITY- ST- ZIP	Alpharetta, GA 30202	44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

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*758
5/10/96*

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)(k), 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: *Scott T. Larson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott T. Larson, Secretary

5/9/96

(770) 442-2160

CR2E034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

pg 2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 949434 4305966
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : * 233.75

ORDER DATE : May 10, 1996
ORDER TIME : 10:59 AM
ORDER NO. : 949434
CUSTOMER NO: 4305966

CUSTOMER: Jan Ezell, Legal Assistant
Alston & Bird
One Atlantic Center
1201 West Peachtree Street
Atlanta, GA 303093424

ANNUAL REPORT FILING

NAME: SURGEX-SARASOTA, INC.

ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS: _____

RECEIVED
96 MAY 10 PM 12:15
DIVISION OF CORPORATION