

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0114734

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 13 PM 1:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000000703 (8)

1. Corporation Name
 NSC SARASOTA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1435 S. OSPREY AVE. SUITE 100 SARASOTA FL 34239
 Mailing Address: % NATIONAL SURGERY CENTER 30 S. WACKER DRIVE. SUITE 2302 CHICAGO IL 60606

3. Date Incorporated or Qualified
 02/14/1994

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 58-2081028
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BRONGEL, SUE
 1435 S. OSPREY AVE.
 SUITE 100
 SARASOTA FL 34239

10. Name and Address of New Registered Agent (B1-B5)
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable): 700002588977-8
 B3 City, State, Zip: -07/14/98-01098-003 *****8.75 *****8.75
 B4 City: FL
 B5 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
 PD GEARY, E. TIMOTHY
 30 SOUTH WACKER DRIVE, SUITE 2302 CHICAGO IL 60606
 VP FISHER, BRYAN S
 30 SOUTH WACKER DRIVE, SUITE 2302 CHICAGO IL 60606
 VP SOLHEIM, DENNIS
 30 SOUTH WACKER DRIVE, SUITE 2302 CHICAGO IL 60606
 VP ZAMOJSKI, DENNIS
 30 SOUTH WACKER DRIVE, SUITE 2302 CHICAGO IL 60606
 VP PENCE, RICK
 30 SOUTH WACKER DRIVE, SUITE 2302 CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP: 700002588977-8
 2.1 TITLE: Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP: *****550.00 *****550.00
 3.1 TITLE: Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE: Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE: Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE: Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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.

SIGNATURE: _____ DATE: 7/13/98

CR2E034 (5/98)