

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N46613 (8)

1. Corporation Name
 ST. MARY'S ASC, INC.



Principal Place of Business: 801 45TH STREET, WEST PALM BEACH FL 33407-2495, US
 Mailing Address: 901 45TH STREET, WEST PALM BEACH FL 33407-2495, US

3. Date Incorporated or Qualified: 12/27/1991
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 65-0346875
 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: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: LARCOMBE, GOODWIN V, 901 45TH STREET, WEST PALM BEACH FL 33407
 10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BOWER BROWN, JULIA	1.1 TITLE: CD	1.2 NAME: Martin Murphy
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: PD	NAME: FRENCH, MICHAEL	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: ST	NAME: GOMAS, M. VIATOR SISTER	3.1 TITLE: S	3.2 NAME: Valerie Goodwin Larcombe
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: TURNLEY, FELICIA	4.1 TITLE: T	4.2 NAME: Greg Gardner
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: MILLER, WENTZ	5.1 TITLE: D	5.2 NAME: Phillip Dutcher
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: SNYDER, GAYLORD M.	6.1 TITLE: D	6.2 NAME: Phyllis Savill
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	6.3 STREET ADDRESS:	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-96 4076506003
 Date Daytime Phone #

CR2E037 (3/96)