FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:59

DOCUMENT # N93000005665 (5)

1. Corporation Name
FLORIDA SURGICAL NETWORK, INC.

Principal Place of Business	Mailing Address
4000 BURNS ROAD PALM BEACH GARDENS FL 33410	4000 BURNS ROAD PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0461208 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ONE PARK PLAZA	26 PO Box 570
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: TAX DEPT
City & State 23 NASHVILLE TN	City & State 28 NASHVILLE TN
Zip 24 37203 County 25	Zip 29 37202 County 30

9. Name and Address of Current Registered Agent

MCMILLAN, DONNA
4000 BURNS ROAD
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name Scroggins, Donna
82 Street Address (P.O. Box Number is Not Acceptable) 4000 Burns Road
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE *	PD	11 TITLE		☒ Change ☐ Addition
NAME	STEEN, DONALD E	12 NAME		
STREET ADDRESS	13455 NOEL RD, 20TH FLR	13 STREET ADDRESS		
CITY ST ZIP*	DALLAS TX	14 CITY ST ZIP		
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	WILCOX, WILLIAM H	22 NAME		
STREET ADDRESS	13455 NOEL RD, 20TH FLOOR	23 STREET ADDRESS		
CITY ST ZIP	DALLAS TX	24 CITY ST ZIP		
TITLE	ST	31 TITLE	SEE SCHEDULE ATTACHED	☒ Change ☐ Addition
NAME	BOND, JONATHAN R	32 NAME		
STREET ADDRESS	13455 NOEL RD, 20TH FLR	33 STREET ADDRESS		
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP		
TITLE	AT	41 TITLE		☒ Change ☐ Addition
NAME	DOUGHERTY, KATHRYN K	42 NAME		
STREET ADDRESS	13455 NOEL RD, 20TH FLR	43 STREET ADDRESS		
CITY ST ZIP	DALLAS TX	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 specified in Subsection 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RETURNED BY MAY 1

SIGNATURE: Linda A. Seifert 4/28/95 (Date) (305) 522-2020 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0011203

N93-56558

Revised 10/12/94

FLORIDA SURGICAL NETWORK, INC.

James S. Fritz	President	2111 Glenwood Drive, Suite 201 Winter Park, FL 32792
*Tully T. Blalock, M.D.	Chairman and Director	1355 Orange Avenue, Suite 1 Winter Park, FL 32789
*William R. Thieler, M.D.	Vice-Chairman and Director	1181 Orange Avenue Winter Park, FL 32789
*William D. Rogers, M.D.	Secretary, Treasurer and Director	800 West Morse Blvd., Suite 5 Winter Park, FL 32789
*Michael J. Barimo, D.O.	Director	1120 Semoran Boulevard Casselberry, FL 32707
*Raymond Bernstein, M.D.	Director	1925 Mizell Avenue, Suite 104 Winter Park, FL 32792
*Bruce E. Breit, M.D.	Director	100 Perth Lane Winter Park, FL 32792
*Phylis Crosby	Director	253 N. Orlando Avenue, Suite 200 Maitland, FL 32794
*Daniel J. Mancini, M.D.	Director	1855 Hollywood Avenue Winter Park, FL 32792
*William Purkey, M.D.	Director	2950 Aloma Avenue, Suite 304 Winter Park, Fl 32792
*Samuel T. Richbourg, M.D.	Director	124 East Welbourne Avenue Winter Park, FL 32789
*Joseph F. Savona, M.D.	Director	1000 Executive Drive Oviedo, FL 32765
*Lewis A. Seifert	Director	200 North Lakemont Avenue Winter Park, FL 32792
*Ronald J. Stanish, M.D.	Director	3027 Aloma Avenue Winter Park, FL 32792
*Joseph R. Swedish	Director	200 North Lakemont Avenue Winter Park, FL 32792
*David J. Vaughan, M.D.	Director	1812 North Mills Avenue Orlando, FL 32803

*=Director