

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

**FILED**

**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000065572 (6)**

1. Corporate Name  
**DOCTORS SAME DAY SURGERY CENTER, INC.**



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203**

Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202-0570 US**

3. Date Incorporated or Qualified: **08/24/1995**

3a. Date of Last Report: **04/26/1996**

4. FEI Number: **62-1614358**

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

2a. Mailing Address: **PO Box 750**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State: **Nashville TN**

28. City & State

24. Zip: **37202** Country: **USA**

29. Zip: **37202** Country: **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**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

85. Zip Code: **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUN, STEPHEN T</b>	1.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>GOLBY, DAVID C</b></del>	2.2 NAME	<b>Donahay, Kenneth</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>SCHWEINHART, RICHARD A</b></del>	3.2 NAME	<b>Elton, Rosalyn</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, R. M</b>	4.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>S Frank II, John M.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Nashville TN 37203</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **4/8/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)