

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90042 009 ***150.00

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DOCUMENT # P95000065572

1. Entity Name
DOCTORS SAME DAY SURGERY CENTER, INC.

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address P.O. BOX 750 NASHVILLE TN 37203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1614358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	AS BLACKWOOD, DORA A	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	AS DENSON, DAVID L	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	DP MOORE, A. B	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	DVP JOHNSON, R. M	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	VP GRUBBS, RONALD L	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	DVP ROTH, GREG	ONE PARK PLAZA	NASHVILLE TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Denson **Assistant Secretary** 3-9-01 (615) 344-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)