

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S48421
1. Corporation Name

Surgical Center I, Inc.

Principal Place of Business Mailing Address
1880 Mease Drive
Safety Harbor, Florida 34695

3. Date Incorporated or Qualified 4/29/91
3a. Date of Last Report 2/3/95
4. FEI Number 59-3068862
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
2a. Mailing Address 26
Suite, Apt #, etc. 22 27
City & State 23 28
Zip Country 24 25 29 30

9. Name and Address of Current Registered Agent
A Z Registered Agent Corporation
2601 S. Bayshore Drive
Suite 1600
Miami, Florida 33133

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 in Florida.

SIGNATURE: Justin T. Wilson
By: Justin T. Wilson, Secretary and Treasurer
DATE: 6/25/96

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME Alidina, Arif A., M.D.
STREET ADDRESS 3231 McMullen Booth Road
CITY-ST-ZIP Safety Harbor, FL 34695

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11 TITLE [] DELETE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP [] Change [] Addition
21 TITLE [] DELETE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP [] Change [] Addition
31 TITLE [] DELETE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP [] Change [] Addition
41 TITLE [] DELETE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP [] Change [] Addition
51 TITLE [] DELETE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP [] Change [] Addition
61 TITLE [] DELETE
62 NAME
63 STREET ADDRESS
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arif A. Alidina, M.D., Director
DIRECTOR
DATE: 7/30/96 (813) 726-2873
OS 8/15/96

CR2E034 (12/95)