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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S49544

(7)

SURGICARE OF ORLANDO, INC.

Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203		Mailing Address P .O.BOX 5 70 ATTN: TAX DEPT			
US		HASHVILLE TN 97802-0570		3. Date incorporated or Qualified 04/30/1991	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	750	4. FEI Number	Applied For
21	M. I.	26 FO COX	150	75-2375598	Not Applicable
Suite Apt.	# EIIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State	71/	6. Election Campaign Financing	\$5.00 May Be
23		28 Mashwille		Trust Fund Contribution	Added to Fees
Zip IIII	Country	29 737202 3	Country	This corporation has liability for Florida Statutes	otangible tax under s. 199.032,
24	25 9. Name and Address of Curre		00-71	10. Name and Address of New Re	T
THE	PRENTICE-HALL CORPORATION	ON SYSTEM, INC.	81 Name		
1201 HAYS STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptat	oje)
	TE 105				
TAL	LAHASSEE FL 32301		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the p	ourpose of changing its registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was aut	thorized by the corporat	tion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	,				
	Signature, typed or printed name of registered a		Registered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	P	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	STEEN, DONALD E.	<i>F</i> \	1.2 NAME		
STREEL ADORESS	ONE PARK PLAZA		1.3 STREET ADDRESS		
CHY-ST-7#	NASHVILLE TN		1.4 CITY - ST - ZIP		
T:TLE	٧	DELETE	2.1 TITLE		Change Addition
NAME	JOHNSON, R. M		2.2 NAME		
\$18EFT ADORESS	ONE PARK PLAZA		2 3 STREET ADDRESS		
CLY ST Zi ²	NASHMILLE TN VSD	DELETE	2 4 CITY - ST - ZIP 31 TITLE		Change Addition
NAMI	BRAUN, STEPHEN T	Bread	32 NAME		4
STREET ADDRESS	ONE PARK PLAZA		3.3 STREET ADDRESS		
CHY-SI-ZIP	NASHVILLE TN		3.4. CITY-SY-ZIP		
TOLE	8	DELETE	4.1 TITLE		Change Addition
NAM:	FRANCK, JOHN M		4. 2 NAME		
STREET ADDRESS	ONE PARK PLAZA		4.3 STREET ADORESS		1.7
7015	NASHVILLE TN VTD	☐ DELETE	4.4 CITY-ST-2IP 5.1 TITLE		Change Addition
NAMÉ	-COLBY, DAVID C		5.2 NAME	onahey, Kenne	H1 ~ ~
SHIEFT ADMITS	ONE BARK BLASS				
CITY ST 7H	NASHVILLE TN		5.4 CITY-ST-ZIP		
101.6	VO	☐ DELETE	6.1 TITLE	Iton, Rosaly	Change Addition
NAM.	SCHWEINHART, RICHARD A		6.2 NAME	Itou Rosalin	^
STREET ADDRESS	ONE PARK PLAZA		6.3 STREET ADDRESS	,	

6.4 City-St-ZiP

NASHVILLE TN

6.4 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR