FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N39378

1. Corporation Name

Florida Society of Ambulatory Surgical Centers

100001842041
-05/29/96--01022--029
***61.25

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 335 Beard Street	26 335 Beard Street
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Tallahassee, FI	City & State 28 Tallahassee, FI
Zip 24 32303 / Country 25 Leon	Zip 29 32303 / Country 30 Leon

4. FEI Number: 59-3033878 ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Peter Lohrengel
82 Street Address (P.O. Box Number is Not Acceptable): 335 Beard Street
83
84 City: Tallahassee **FL** 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] Peter Lohrengel 5-9-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	P Jeanie Cohn 4500 San Pablo Road Jacksonville, FL 32224 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP	S Donna St. Louis 539 Pasadena Avenue South St. Petersburg, FL 33707 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP	T Pat Churchwell 1340 Palmetto Avenue Winter Park, FL 32789 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	D Jeffrey Baumann, M.D. 17560 W. Hwy 441 Mt. Dora, FL 32757 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	D Pat Brown 1405 S. Orange Avenue, Ste 400 Orlando, FL 32806 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP	D David Shapiro, M.D. 4035 Evans Avenue Ft. Myers, FL 33901 ☐ Change ☐ Addition

5/28 [initials]

CR2E037 (12/95)

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)(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.

SIGNATURE: Jeanie Cohn 4-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeannie Cohn