


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000402	
1. Entity Name SURGIS OF SAND LAKE, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 PM 1:42

Principal Place of Business 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215	Mailing Address 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 13-4234995	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 NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HUTTS, JOSEPH C 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BOGLE, JEFFREY A 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John K. Crawford VP/CFO/Director 30 Burton Hills Blvd., Suite 450 Nashville, TN 37215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCGINN, GEORGE P 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SUTLEY, ERIC 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300044928739 01/18/05--01008--024 **2625.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAPP, JEFF 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, PATRICK 30 BURTON HILLS BOULEVARD, SUITE 450 NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George P. McGinn, Jr. George P. McGinn, Jr., VP/Sec., 1/25/05 (615) 312-5570
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #