

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006111 (8)

1. Corporation Name

HEALTHCARE REAL ESTATE HOLDINGS II, INC.

% SURGICAL HEALTH CORPORATION
990 HAMMOND DR. SUITE 300
ATLANTA GA 30328

% SURGICAL HEALTH CORPORATION
990 HAMMOND DR. SUITE 300
ATLANTA GA 30328

2	2a	3	3a
21	26	11/30/1994	
22	27	58-2054993	
23	28		
24	29		
25	30		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (City, State, Zip Code)
B3	
B4	FL B5

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the Department of State, and that the same is a true and correct copy of the original as the same appears in the records of the Department of State, and that the same is a true and correct copy of the original as the same appears in the records of the Department of State.

12.	13.
PD	
MORPHIS, ROCK A	
1911 21ST AVE., SOUTH	
NASHVILLE TN 37212	
VSTD	
FINLEY, H. MICHAEL	
990 HAMMOND DR.	
ATLANTA GA 30328	
VD	
SCHNEIDER, GEORGE G	
990 HAMMOND DR.	
ATLANTA GA 30328	
V	
GARVIN, SARAH C	
990 HAMMOND DR.	
ATLANTA GA 30328	
V	
BLOUNT, JOHN E	
990 HAMMOND DR.	
ATLANTA GA 30328	
AS	
HODGIN, CHARLENE	
990 HAMMOND DR.	
ATLANTA GA 30328	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the Department of State, and that the same is a true and correct copy of the original as the same appears in the records of the Department of State, and that the same is a true and correct copy of the original as the same appears in the records of the Department of State.

SIGNATURE: *H. Michael Finley, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OF STATE OR DIRECTOR

4/26/95 404-673-1954