FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G00196 (7)

1. Corporation Name
SURGICAL SERVICES OF SARASOTA, INC.

Principal Place of Business	Mailing Address
102 WOODMONT BLVD., STE. 610 NASHVILLE TN 37205	102 WOODMONT BLVD., STE. 610 NASHVILLE TN 37205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1982**
3a. Date of Last Report: **10/06/1994**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2278473** ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature typed or printed must be of registered agent and his name) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	GORDON, JOEL C	12 NAME	800001479198
STREET ADDRESS	102 WOODMONT BLVD,ST610	13 STREET ADDRESS	-05/08/95--01081--001
CITY ST ZIP	NASHVILLE TN	14 CITY ST ZIP	***2000.00 ****200.00
TITLE	AVP	21 TITLE	☐ Change ☐ Addition
NAME	BUNDREN, DANNY E	22 NAME	
STREET ADDRESS	102 WOODMONT BLVD, SUITE 610	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	HAMBURG, WILLIAM J	32 NAME	
STREET ADDRESS	102 WOODMONT BLVD, ST610	33 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	JONES, TARPLEY	42 NAME	
STREET ADDRESS	102 WOODMONT BLVD, ST610	43 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	44 CITY ST ZIP	
TITLE	AVP	51 TITLE	☐ Change ☐ Addition
NAME	BOGLE, JEFFREY A	52 NAME	
STREET ADDRESS	102 WOODMONT BLVD., STE. 610	53 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: Danny E Bundren — DANNY E. BUNDREN — 4.15.95 — 615-385-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0504481 CP