CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:24

DOCUMENT # G13405 (7)

1. Corporation Name

SURGICAL SERVICES OF WEST DADE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14001 DALLAS PARKWAY<br>SUITE 200<br>DALLAS TX 75240<br>US | 14001 DALLAS PARKWAY<br>SUITE 200<br>DALLAS TX 75240<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1982
3a. Date of Last Report: 01/31/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2700 Colorado Ave. | 26 2700 Colorado Ave. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Santa Monica, Ca | City & State<br>28 Santa Monica, Ca |
| Zip / Country<br>24 90404 / 25 USA | Zip / Country<br>29 90404 / 30 USA |

4. FEI Number: 59-2278487 ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D/SVP/S ☒ Change ☐ Addition |
| NAME | BAILEY, BARY G | 12 NAME | Scott M. Brown |
| STREET ADDRESS | 8201 PRESTON RD, #300 | 13 STREET ADDRESS | 2700 Colorado Ave. |
| CITY ST ZIP | DALLAS TX | 14 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | AT | 21 TITLE | P ☒ Change ☐ Addition |
| NAME | RABE, DOUGLAS E | 22 NAME | Michael H. Focht, Sr. |
| STREET ADDRESS | 8201 PRESTON RD #300 | 23 STREET ADDRESS | 2700 Colorado Ave. |
| CITY ST ZIP | DALLAS TX | 24 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | TD | 31 TITLE | EVP ☒ Change ☐ Addition |
| NAME | MURDOCK, MICHAEL N. | 32 NAME | Thomas B. Mackey |
| STREET ADDRESS | 8201 PRESTON RD #300 | 33 STREET ADDRESS | 2700 Colorado Ave. |
| CITY ST ZIP | DALLAS TX | 34 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | AT | 41 TITLE | VP/T ☒ Change ☐ Addition |
| NAME | ABDUL, EDWARD W, JR | 42 NAME | Terence P. McMullen |
| STREET ADDRESS | 515 W GREENS RD, #1000 | 43 STREET ADDRESS | 2700 Colorado Ave. |
| CITY ST ZIP | HOUSTON TX | 44 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | AS | 51 TITLE | EVP ☒ Change ☐ Addition |
| NAME | GLICK, MARCIA R | 52 NAME | W. Randolph Smith |
| STREET ADDRESS | 8201 PRESTON RD #300 | 53 STREET ADDRESS | 14001 Dallas Parkway, Ste. 200 |
| CITY ST ZIP | DALLAS TX | 54 CITY ST ZIP | Dallas, Tx 75240 |
| TITLE | DP | 61 TITLE | VP/AS ☒ Change ☐ Addition |
| NAME | SMITH, RANDOLPH W. | 62 NAME | 14001 Dallas Parkway, Ste. 200 |
| STREET ADDRESS | 8201 PRESTON RD., STE 300 | 63 STREET ADDRESS | Dallas, Tx 75240 |
| CITY ST ZIP | DALLAS TX | 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: Thomas J. Sabatino, Jr. 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002037 CP