

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G13405** (7)

1. Corporation Name

**SURGICAL SERVICES OF WEST DADE, INC.**

Principal Place of Business

2700 COLORADO AVE.  
SUITE 200  
SANTA MONICA CA 90404  
US

Mailing Address

2700 COLORADO AVE.  
SUITE 200  
SANTA MONICA CA 90404  
US

FILED

96 JAN 29 PM 2:00



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\*\*\*\*200.00 \*\*\*\*200.00

3. Date Incorporated or Qualified  
12/10/1982

3a. Date of Last Report  
04/12/1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

By:

*M. T. Fitzpatrick*

M.T. Fitzpatrick, Asst. Secretary

1-25-96

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H. SR.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MACKEY, THOMAS B.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SMITH, W. RANDOLPH	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, RANDOLPH W.	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	
CITY-ST-ZIP	DALLAS TX	

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

*Scott M. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)