

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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  
**3820 STATE STREET  
SANTA BARBARA CA 93105  
US**

Mailing Address  
**3820 STATE STREET  
SANTA BARBARA CA 93105  
US**

**FILED**

98 MAR -4 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/10/1982**

4. FEI Number  
**59-2278487**

Applied For  
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **DSVP**  DELETE  
NAME **BROWN, SCOTT M.**  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **P**  DELETE  
NAME **FOCHT, MICHAEL H. SR.**  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **EVP**  DELETE  
NAME **MACKEY, THOMAS B.**  
STREET ADDRESS **2011 PALOMAR AIRPORT RD.**  
CITY-ST-ZIP **CARLSBAD CA 92009**

TITLE **VPT**  DELETE  
NAME **MCMULLEN, TERENCE P.**  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **EVP**  DELETE  
NAME **SMITH, W. RANDOLPH**  
STREET ADDRESS **14001 DALLAS PARKWAY, STE. 200**  
CITY-ST-ZIP **DALLAS TX**

TITLE **VPAS**  DELETE  
NAME **SMITH, RANDOLPH W.**  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME **VP/AS**  
6.3 STREET ADDRESS **Richard B. Silver**  
6.4 CITY-ST-ZIP **3820 State Street  
Santa Barbara, CA 93105**

**600002448656--9**  
**-03/05/98--01114--007**  
**\*\*\*\*150.00 \*\*\*\*150.00**

CR2E034 (10/97)

14. 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 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 \_\_\_\_\_ DATE \_\_\_\_\_