

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**

DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

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

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

(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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VP/AS**

**Richard B. Silver**

**3820 State Street**

**Santa Barbara, CA 93105**

☐ Change ☒ Addition

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

Richard B. Silver 2/26/98

805/562-3035

FILED

98 MAR -4 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (10/97)