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

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

DOCUMENT # **G24068** **(0)**

1. Corporation Name
SURGICAL SERVICES OF SOUTH LAUDERDALE, INC.

Principal Place of Business	Mailing Address
14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240 US	14001 DALLAS PARKWAY SUITE 200 DALLAS TX 75240 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1983
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21 2700 Colorado Ave.
Suite, Apt. #, etc. 22
City & State 23: Santa Monica, Ca
Zip 24: 90404 Country 25: USA

2a. Mailing Address
26 2700 Colorado Ave.
Suite, Apt. #, etc. 27
City & State 28: Santa Monica, Ca
Zip 29: 90404 Country 30: USA

4. FEI Number: 59-2278573 ☐ 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
TALL. 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	P	11 TITLE	D/SVP/S ☒ Change ☐ Addition
NAME	FRENCH, O EDWIN	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	TD	21 TITLE	P ☒ Change ☐ Addition
NAME	MURDOCK, MICHAEL N	22 NAME	Micahel 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	AT	31 TITLE	EVP ☒ Change ☐ Addition
NAME	RABE, DOUGLAS E	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	AS	41 TITLE	VP/T ☒ Change ☐ Addition
NAME	GLICK, MARCIA R	42 NAME	Terence P. McMullen
STREET ADDRESS	8201 PRESTON RD #300	43 STREET ADDRESS	2700 Colorado Ave.
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP	Santa Monica, Ca 90404
TITLE	AT	51 TITLE	EVP ☒ Change ☐ Addition
NAME	ABDUL, EDWARD W JR	52 NAME	W. Randolph Smith
STREET ADDRESS	515 W GREENS RD #1000	53 STREET ADDRESS	14001 Dallas Parkway, Ste. 200
CITY-ST-ZIP	HOUSTON TX	54 CITY-ST-ZIP	Dallas, Tx 75240
TITLE	DVS	61 TITLE	VP/AS ☒ Change ☐ Addition
NAME	BAILEY, BARY G	62 NAME	Thomas J. Sabation, Jr.
STREET ADDRESS	8201 PRESTON RD #300	63 STREET ADDRESS	14001 Dallas Parkway, Suite 200
CITY-ST-ZIP	DALLAS TX	64 CITY-ST-ZIP	Dallas, Tx 75240

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: Thomas J. Sabatino 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0392655 CP