

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 29 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G24068** (0)
1. Corporation Name
SURGICAL SERVICES OF SOUTH LAUDERDALE, 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

3. Date Incorporated or Qualified
02/08/1983

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
C T Corporation System

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

1200 South 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. Fitzpatrick*

M.T. Fitzpatrick, Asst. Secretary

1-25-96

Signature of registered agent and, if applicable, of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BROWN, SCOTT M.
STREET ADDRESS
2700 COLORADO AVE.
CITY-STATE-ZIP
SANTA MONICA CA

TITLE ☐ DELETE

NAME
FOCHT, MICHAEL H.
STREET ADDRESS
2700 COLORADO AVE.
CITY-STATE-ZIP
SANTA MONICA CA

TITLE ☐ DELETE

NAME
MACKEY, THOMAS B.
STREET ADDRESS
2700 COLORADO AVE.
CITY-STATE-ZIP
SANTA MONICA CA

TITLE ☐ DELETE

NAME
MCMULLEN, TERENCE P.
STREET ADDRESS
2700 COLORADO AVE.
CITY-STATE-ZIP
SANTA MONICA CA

TITLE ☐ DELETE

NAME
SMITH, W. RANDOLPH
STREET ADDRESS
14001 DALLAS PARKWAY, STE. 200
CITY-STATE-ZIP
DALLAS TX

TITLE ☒ DELETE

NAME
SABATION, THOMAS J.
STREET ADDRESS
14001 DALLAS PARKWAY, SUITE 200
CITY-STATE-ZIP
DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Secretary ☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

1/22/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)