

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

DOCUMENT # K15413 (3)

1. Corporation Name

AMBULATORY SURGICAL CENTER INVESTORS GROUP, INC.



Principal Place of Business

Mailing Address

**8700 N. KENDALL DR
SUITE 102
MIAMI FL 33176**

**8700 N. KENDALL DR
SUITE 102
MIAMI FL 33176**

3. Date Incorporated or Qualified

02/17/1988

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0030043

Applied For

Not Applicable

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

**LEVINE, GEORGE A., M.D.
8700 N. KENDALL DR
SUITE 102
MIAMI FL 33176**

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 date filed)

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DS

☐ DELETE

NAME

LEVINE, GEORGE A., M.D.

STREET ADDRESS

8700 N. KENDALL DR #102

CITY - ST - ZIP

MIAMI FL

TITLE

DPT

☐ DELETE

NAME

STEINER, LEONARD E., M.D.

STREET ADDRESS

8700 N KENDALL DR #100

CITY - ST - ZIP

MIAMI FL

TITLE

DV

☐ DELETE

NAME

SNYDER, GILBERT B., M.D.

STREET ADDRESS

6280 SUNSET DR #400

CITY - ST - ZIP

SOUTH MIAMI FL

TITLE

DV

☐ DELETE

NAME

HOFF, MICHAEL, M.D.

STREET ADDRESS

8955 SW 87TH CT #203

CITY - ST - ZIP

MIAMI FL

TITLE

DV

☐ DELETE

NAME

LUCKY, WILLIAM M.D.

STREET ADDRESS

8353 SW 124 ST #203

CITY - ST - ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

CHAMUEL, FRED M.D.

STREET ADDRESS

8960 SW 87 COURT #12

CITY - ST - ZIP

MIAMI FL

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

☐ Change

☐ Addition

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

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen M. Bueda

5-6-96

Date

Daytime Phone #

CR2E034 (12/95)