
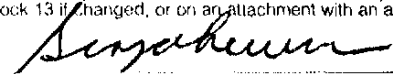


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K15413 (3)			
1. Corporation Name AMBULATORY SURGICAL CENTER INVESTORS GROUP, INC.			
Principal Place of Business 8700 N. KENDALL DR SUITE 102 MIAMI FL 33176		Mailing Address 8700 N. KENDALL DR SUITE 102 MIAMI FL 33176-2206	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/17/1988		3a. Date of Last Report 05/09/1996	
4. FEI Number 65-0030043		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEVINE, GEORGE A., M.D. 8700 N. KENDALL DR SUITE 102 MIAMI FL 33176		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	DS	<input type="checkbox"/> DELETE	
NAME	LEVINE, GEORGE A., M.D.		
STREET ADDRESS	8700 N. KENDALL DR #102		
CITY- ST- ZIP	MIAMI FL		
TITLE	DPT	<input type="checkbox"/> DELETE	
NAME	STEINER, LEONARD E., M.D.		
STREET ADDRESS	8700 N KENDALL DR #100		
CITY- ST- ZIP	MIAMI FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	SNYDER, GILBERT B., M.D.		
STREET ADDRESS	6280 SUNSET DR #400		
CITY- ST- ZIP	SOUTH MIAMI FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	HOFF, MICHAEL, M.D.		
STREET ADDRESS	8955 SW 87TH CT #203		
CITY- ST- ZIP	MIAMI FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	LUCKY, WILLIAM M.D.		
STREET ADDRESS	8353 SW 124 ST #203		
CITY- ST- ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  sec. 3/18/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)