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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	K32237	(5
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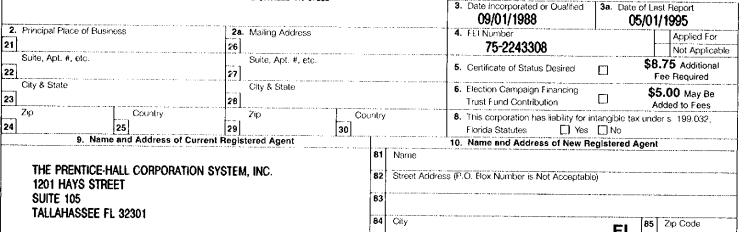
SURGICARE OF NEWPORT RICHEY, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE Signature, typied or price o name of regulated agreed and time if agridually INOTE Reported Agreet signature in mediatives recessable of						
12.	OFFICERS AND DIRECTORS		Fig. 3- Field Agent signature required what reinstating 1 DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PØ	[] DELETE	1 1 1 I I I I	Change X Addition		
NAME	STEEN, DONALD E.	<del></del>	1.2 NAME	Johnson, R. Milton		
STREET ADDRESS	ONE PARK PLAZA		13 STREET ADDRESS	One Park Plaza		
CITY-ST-ZIP	NASHVILLE TN 37203		1.4 C/1Y-ST-ZIP	Nashville, TN 37263		
TITLE	V	[ ] DELETE	2 1 TITLE	SV 77 D Change Ox Addition		
NAME	WILCOX, WILLIAM H.		2.2 NAME	COLDA TAMA C.		
STREET ADDRESS	ONE PARK PLAZA		2.3 STREET ADORESS	Que Halt 1985		
CITY-ST-ZIP	NASHVILLE TN 37203		2.4 CITY-ST-7IP	Mushville, TN 3720}		
TITLE	V	DELETE	3 1 TITLE	SV/D Change Addition		
NAME	MOORE, EMMETT E.		3.2 NAME	Schweinhart , Richard A.		
STREET ADDRESS	one park plaza		3.3 STREET ADDRESS	One Par One		
DITY-ST-ZIP	NASHVILLE TN 37203		3.4 CITY+ST-ZIP	One Park Plaza Nashville, 7037303		
THLE	TS	<b>M</b> DELETE	4. 1 TITLE	Change		
NAME	BOND, JOHNATHAN R		4.2 NAME			
STREET ADDRESS	ONE PARK PLAZA		4.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203		4.4 City - St - ZiP			
TITLE	AT	DELETE	5. 1 TITLE	Change Addition		
NAME	Dougherty, Kathryn K		5.2 NAME			
STREET ADDRESS	ONE PARK PLAZA		5.3 STRFE1 ADDRESS			
CITY-S?-ZIP	NASHVILLE TN 37203		5.4 CITY+\$T-7IP			
ÎITLE		DELETE	6 1 THLE	Change Addition		
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			6.4 CHY-ST-ZIP			

4. I do hereby certify that the information supplied with this fing is votuntarily 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 frustee 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:

R. Milton Juhnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILER ON DIRECTOR

(618)327-9551

CR2E034 (12/95)