

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 # K32237 (5)

1. Corporation Name

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

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

3. Date Incorporated or Qualified
09/01/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
75-2243308

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 true if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PB STEEN, DONALD E.
ONE PARK PLAZA
NASHVILLE TN 37203

☐ DELETE

V WILCOX, WILLIAM H.
ONE PARK PLAZA
NASHVILLE TN 37203

☐ DELETE

V MOORE, EMMETT E.
ONE PARK PLAZA
NASHVILLE TN 37203

☒ DELETE

TS BOND, JOHNATHAN R.
ONE PARK PLAZA
NASHVILLE TN 37203

☒ DELETE

AT DOUGHERTY, KATHRYN K.
ONE PARK PLAZA
NASHVILLE TN 37203

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

V Johnson, R. Milton
One Park Plaza
Nashville, TN 37203

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

SV/D Colby, David C.
One Park Plaza
Nashville, TN 37203

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

SV/D Schweinhart, Richard A.
One Park Plaza
Nashville, TN 37203

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP ☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP ☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

R. Milton Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)