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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L17738 (0) HMS SURGICARE, INC.							81811 11811 911 8181 8181 818	11 BJÖJA BIRKI 11 BJEJI BJÖJA		
Principal Flace of Business Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 Address Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207-804				IITE 1700			819H 018H 610	H VID IS VIV IS ()/4	
US	E FL 32201	U\$				3. Date Incorporated or Qualified 3a. Date of 09/22/1989 08/05/11			, ,	
2, Principal I	Place of Business	2a. Mailing Addr	0\$S			4. FEI Number		,	plied For	
21		26				59-2976200			ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 A		
22 City & Sta	ilo	City & State	····			6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t		
Ζ.ρ 	Country	Zip	—	ountry		8. This corporation has liability for			. 199.032,	
24	25 9. Name and Address of Curre	29 29 Agent	30	-T		Florida Statutes 10. Name and Address of New Re	Yes			
GD/	ANGER, HARVEY G.C.	in registered Agent		81	Name	10. Italia dila radiga di italia	giotorou A	30111		
1301 RIVERPLACE BLVD				82	Ctroot Add	Ivace (D.O. Boy Number is Not Assessed	-10)			
	TE 1700			82	Street Add	dress (P.O. Box Number is Not Acceptal) ()		1	
	CKSONVILLE FL 32207			83						
				84	City			85 Zip (Code	
					•		FL			
office or agont 1: SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Superior 55= deepented name of registered as					poration submits this statement for the pation's board of directors. I hereby acce	DATE	niment as	registered	
12.	. p	ND DIRECTORS	13),		ADDITIONS/CHANGES TO OFFIC			···	
THILE	D	L DI		TITLE			L	Change	Addition	
SAME	MASON, WILLIAM C. 1301 RIVERPLACE BLVD., SU	KTE 1700		NAME						
STREET ADDRESS	JACKSONVILLE FL 32207	IIIE 1700			ADDRESS				} !	
CITY-S1 ZiP Tift€	D	ПП		DITY-S	1-2IP			Change	Addition	
NAM!	COOPER, EDGAR R. PH.D.	الا لــــا		NAME				\$.		
STREET ADDRESS	TARA LINIVAIDE DONAT				ADDRESS					
CHY-S1 ZIP	JACKSONVILLE FL			CITY-S	l					
TiTLf	DV	D	LETE 31	TITLE				Change	Addition	
NAME	PERRY, DENNETH C.		3.2	NAME						
STREET ADDRESS	·	IIE 901			ADDRESS					
CI*Y-\$1-70*	JACKSONVILLE FL	D		. CITY - S	T-ZIP		·	Change	Addition	
THEF	st Granger, Harvey	L.J D		TITLE	}		ι.	Change	C" MODITION	
NAMÉ STREET ADDRESS	4004 DECEDE AND DUE OF	IITE 1700		2 NAME : STREET	ADDRESS					
G TY+ST+ZiP	JACKSONVILLE FL 32207			i SINCE I I CITY-S						
1011-50-70	0	D)		TITLE				Change	Addition	
NAME	HUGHES, CHARLES E. JR.		5.2	NAME						
STREET AUDRESS		ITE 1700	5.3	STREET	ADDRESS				1	
CITY ST-72	JACKSONVILLE FL 32207			CITY-S	T-ZIP	MANUE				
TitleF	P	□ Di	LETE 61	TITLE			ī	Change	Addition	
NAME	PARRETT, DONALD O	FF 444		NAME						
STREET ADDRESS	1325 SAN MARCO BLVD. SU	IIE 901	6.3	STREET	address					

14. If 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 initial 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 charged, or on an attachment with an address. Rebebca B Dackson, Asst. Sec. 4-23-97 904/202-4001

SIGNATURE: AMELIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 02 1997 8:00am

Secretary of State

Daytime Phone # 0032648 " HMS SURGICARE, INC.

AS/AT Jackson, Rebecca B. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207