

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61577 (7)

1. Corporation Name

NORTH PALM BEACH COUNTY SURGERY CENTER, INC.

Principal Place of Business

4000 BURNS ROAD
PALM BEACH GARDENS FL 33410
US

Mailing Address

ONE PARK PLAZA
PO BOX 570
NASHVILLE TN 37205
US



2. Principal Place of Business

2a. Mailing Address

21 One Park Plaza

26 P.O. Box 570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 Nashville, TN

27 Ann. Tax Dept.
28 Nashville, TN

City & State

City & State

Zip

Country

Zip

Country

24 37203

25 US

29 37202

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/26/1990

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

4. FEI Number
75-2324639

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STEEN, DONALD E.
ONE PARK PLAZA
NASHVILLE TN

TITLE NAME ☐ DELETE

SVPS
BRAUN, STEPHEN T
ONE PARK PLAZA
NASHVILLE TN

TITLE NAME ☐ DELETE

SVPT
COLBY, DAVID C
ONE PARK PLAZA
NASHVILLE TN

TITLE NAME ☐ DELETE

D
SCHWEINHART, RICHARD A
ONE PARK PLAZA
NASHVILLE TN

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

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

13455 Noel Road, 20th Fl
Dallas, TX 75240

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Nashville, TN 37203

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Nashville, TN 37203

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

One Park Plaza
Nashville, TN 37203

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

R. Milton Johnson
One Park Plaza
Nashville, TN 37203

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

John M Frank
One Park Plaza
Nashville, TN 37203

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

R. Milton Johnson 4-4-96 (615) 327-9551

Date

Daytime Phone #

CR2E034 (12/95)