

**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**

3. Date Incorporated or Qualified: **03/26/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **75-2324639**  
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

2. Principal Place of Business  
21. **One Park Plaza**  
22. Suite, Apt. #, etc.: **—**  
23. City & State: **Nashville, TN**  
24. Zip: **37203** 25. Country: **US**  
26. Mailing Address: **P.O. Box 570**  
27. Suite, Apt. #, etc.: **Attn: Tax Dept.**  
28. City & State: **Nashville, TN**  
29. Zip: **37202** 30. Country: **US**

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

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: **FL**

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEEN, DONALD E.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	1.3 STREET ADDRESS	<b>13455 Noel Road, 20th Fl</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	1.4 CITY-ST-ZIP	<b>Dallas, TX 75240</b>
TITLE	<b>SVPS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUN, STEPHEN T</b>	2.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	2.3 STREET ADDRESS	<b>Nashville, TN 37203</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SVPT</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLBY, DAVID C</b>	3.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	3.3 STREET ADDRESS	<b>Nashville, TN 37203</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWEINHART, RICHARD A</b>	4.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	4.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	4.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>R. Milton Johnson</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>John M Frank</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>

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

CR2E034 (12/95)