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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **ONE PARK PLAZA NASHVILLE TN 37203 US**
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202-0570 US**

3. Date Incorporated or Qualified: **03/26/1990** 3a. Date of Last Report: **04/26/1996**
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

2. Principal Place of Business: **P.O. BOX 750**
2a. Mailing Address: **P.O. BOX 750**
22. City & State: **Nashville TN**
23. Zip: **37202** Country: **USA**

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: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: George Morgan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEEN, DONALD E.		1.2 NAME:	
STREET ADDRESS: 13455 NOEL ROAD, 20TH FLOOR		1.3 STREET ADDRESS:	
CITY-ST-ZIP: DALLAS TX		1.4 CITY-ST-ZIP:	
TITLE: VSD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRAUN, STEPHEN T		2.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		2.3 STREET ADDRESS:	
CITY-ST-ZIP: NASHVILLE TN		2.4 CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE: Doran, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOLBY, DAVID C		3.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		3.3 STREET ADDRESS:	
CITY-ST-ZIP: NASHVILLE TN		3.4 CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE: Elton, Rosalyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHWEIHART, RICHARD A		4.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		4.3 STREET ADDRESS:	
CITY-ST-ZIP: NASHVILLE TN		4.4 CITY-ST-ZIP:	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, R M		5.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		5.3 STREET ADDRESS:	
CITY-ST-ZIP: NASHVILLE TN		5.4 CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANCK, JOHN M		6.2 NAME:	
STREET ADDRESS: ONE PARK PLAZA		6.3 STREET ADDRESS:	
CITY-ST-ZIP: NASHVILLE TN		6.4 CITY-ST-ZIP:	

14. I 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 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: _____ Date: **4-1-97** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)