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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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 **P.O. BOX 750**

27 Suite, Apt. #, etc.

27 City & State

28 **Nashville TN**

29 Zip

37202

30 Country

USA

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

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

(Sign and type or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **STEEN, DONALD E.**
STREET ADDRESS **13455 NOEL ROAD, 20TH FLOOR**
CITY-ST-ZIP **DALLAS TX**

TITLE **VSD** ☐ DELETE
NAME **BRAUN, STEPHEN T**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **VD** ☐ DELETE
NAME **GOLBY, DAVID C.**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **VD** ☐ DELETE
NAME **SCHWEINHART, RICHARD A.**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **V** ☐ DELETE
NAME **JOHNSON, R. M.**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **S** ☐ DELETE
NAME **FRANCK, JOHN M.**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Doran, Kenneth**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Elton, Rosalyn**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476688

CR2E034 (9/96)