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Mar 26 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 # L84057 (3)

1. Corporation Name
SURGICORP, INC..

Principal Place of Business

40347 US HIGHWAY 19 NORTH
SUITE 129
TARPON SPRINGS FL 34689
US

Mailing Address

40347 U.S. HWY 19
SUITE 129
TARPON SPRINGS FL 34689-4842
US



2. Principal Place of Business

21 715 Wesley Avenue

Suite, Apt. #, etc.

22 City & State

23 Tarpon Springs, FL

Zip

24 34689-6711

Country

25 US

2a. Mailing Address

26 715 Wesley Avenue

Suite, Apt. #, etc.

27 City & State

28 Tarpon Springs, FL

Zip

29 34689-6711

Country

30 US

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3024599

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

SCREETON, MICHAEL J.
40347 U.S. HWY 19 N.
SUITE 129
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

715 Wesley Avenue

83

84 City

Tarpon Springs

FL

85 Zip Code

34689-6711

11. Pursuant to the provisions of Sections 607.0402 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

Michael J. Screeton

January 29, 1997

12. OFFICERS AND DIRECTORS

TITLE PM
NAME SCREETON, MICHAEL J.
STREET ADDRESS 3818 NICHOLAS CT
CITY-ST-ZIP TARPON SPGS FL

TITLE SDC
NAME SCREETON, HELEN
STREET ADDRESS 3818 NICHOLAS CT
CITY-ST-ZIP TARPON SPGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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 included 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 in an attachment with an address.

SIGNATURE:

Michael J. Screeton

1/29/97

(813) 934-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)