

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N46613** (8)

1. Corporation Name

ST. MARY'S ASC, INC.

Principal Place of Business

Mailing Address

**901 45TH STREET
WEST PALM BEACH FL 33407-2495
US**

**901 45TH STREET
WEST PALM BEACH FL 33407-2413
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1991	3a. Date of Last Report 08/13/1996
21		26		4. FEI Number 65-0346875	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARCOMBE, GOODWIN V
901 45TH STREET
WEST PALM BEACH FL 33407**

81 Name
Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable)
1309 No. Flagler Drive
83
84 City
West Palm Beach FL 85 Zip Code
33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MARTIN	1.2 NAME	Richard Johnson
STREET ADDRESS	901 45TH STREET	1.3 STREET ADDRESS	901 45th Street
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, MICHAEL	2.2 NAME	
STREET ADDRESS	901 45TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARCOMBE, VALERIE GOODWI	3.2 NAME	Valerie G. Larcombe
STREET ADDRESS	901 45TH STREET	3.3 STREET ADDRESS	901 45th Street
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, GRET	4.2 NAME	Frank Nask
STREET ADDRESS	901 45TH STREET	4.3 STREET ADDRESS	901 45th Street
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTCHER, PHILLIP	5.2 NAME	Phillip C. Dutcher
STREET ADDRESS	901 45TH STREET	5.3 STREET ADDRESS	901 45th Street
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVILL, PHYLLIS	6.2 NAME	
STREET ADDRESS	901 45TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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 617, 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

4-22-97

DATE

561-650-6126

DAYTIME PHONE # 0040366

CR2E037 (9/96)