SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N94000004977 (4) **DOCUMENT #** MEMORIAL SURGERY CENTERS, INC. Principal Place of Business Mailing Address 875 STERHAUS AVENUE 875 STERHAUS AVENUE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3a. Date of Last Report 3. Date Incorporated or Qualified 09/13/1995 10/05/1994 4. FEI Number 59 - 335 4246 Applied For Mailing Address 2. Principal Place of Business APPLIED FOR Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt #..etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Zip ☐Yes 【ZYNo Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOVAL, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 82 **875 STERHAUS AVENUE** 83 **ORMOND BEACH FL 32174** Zip Code 85 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 988 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE Raines, David L. RAINES, DAVID L 1.2 NAME CR2E037 NAME 875 Sterthaus Avenue **875 STERHAUS AVENUE** 1.3 STREET ADDRESS STREET ADDRESS Ormond Beach, FL 32174 **ORMOND BEACH FL 32174** 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change BELETE 2.1 TITLE TITLE Christianson, Clark P. CHRISTIANSON, CLARK P 2.2 NAME NAME 875 Sterthaus Avenue 875 STERHAUS AVENUE 2 3 STREET ADDRESS STREET ADDRESS Ormond Beach, FL 32174 ORMOND BEACH FL 32174 2 4 CITY - ST - ZIP CITY-ST-ZIP Z Addition DELETE 3 1 TITLE TITLE LIND, RICHARD A 32 NAME Lind, Richard A. NAME 875 Sterthaus Avenue 875 STERHAUS AVENUE 3.3 STREET ADDRESS STREET ADDRESS Ormond Beach, FL 32174 **ORMOND BEACH FL 32174** 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP **500001902745**hang/ -07/24/96--01009--005 DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTEDRIAME OF SIGNING OFFICER OR DIRECTOR

9046766114 Daytime Phone #