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Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39419
1. Corporation Name
CORAL SPRINGS-SC, INC.

(7)



Principal Place of Business 102 WOODMONT BLVD., SUITE 610 NASHVILLE TN 37205	Mailing Address 102 WOODMONT BLVD., SUITE 610 NASHVILLE TN 37205-2254
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3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 07/30/1996
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2. Principal Place of Business 21 ONE HEALTH SOUTH PARKWAY Suite, Apt. #, etc. 22 City & State 23 BIRMINGHAM AL Zip Country 24 35243 25 USA	2a. Mailing Address 26 ONE HEALTH SOUTH PARKWAY Suite, Apt. #, etc. 27 City & State 28 BIRMINGHAM AL Zip Country 29 35243 30 USA
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4. FEI Number 62-1502727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, JOEL C.	
STREET ADDRESS	102 WOODMONT BLVD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MELKUS, KENNETH J.	
STREET ADDRESS	102 WOODMONT BLVD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAMBURG, WILLIAM J.	
STREET ADDRESS	102 WOODMONT BLVD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JONES, TARPLEY B.	
STREET ADDRESS	102 WOODMONT BLVD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	BOGLE, JEFFREY A	
STREET ADDRESS	102 WOODMONT BLVD., STE. 610	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	BUNDREN, DANNY E	
STREET ADDRESS	102 WOODMONT BLVD. STE. 60	
CITY-ST-ZIP	NASHVILLE TN 37205	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED LISTING

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: *Richard E. Bogle* *Richard E. Bogle* 5/27/97 205-917-7116

CR2E034 (9/96)

HEALTHSOUTH

Surgery Centers

HEALTHSOUTH Surgery Centers Officers and Directors

1. Richard M. Scrushy, Chairman of the Board/Director
One HealthSouth Parkway
Birmingham, Alabama 35243
2. James P. Bennett, President
One HealthSouth Parkway
Birmingham, Alabama 35243
3. Aaron Beam, Jr., Vice President and Treasurer/Director
One HealthSouth Parkway
Birmingham, Alabama 35243
4. Anthony J. Tanner, Vice President and Secretary/Director
One HealthSouth Parkway
Birmingham, Alabama 35243
5. Michael D. Martin, Vice President
One HealthSouth Parkway
Birmingham, Alabama 35243
6. William T. Owens, Vice President
One HealthSouth Parkway
Birmingham, Alabama 35243
7. William W. Horton, Vice President and Assistant Secretary
One HealthSouth Parkway
Birmingham, Alabama 35243
8. C. Drew Demaray, Vice President and Assistant Secretary
One HealthSouth Parkway
Birmingham, Alabama 35243
9. Richard E. Botts, Vice President
One HealthSouth Parkway
Birmingham, Alabama 35243
10. Beall D. Gary, Jr., Vice President and Assistant Secretary
One HealthSouth Parkway
Birmingham, Alabama 35243
11. Stacy H. Pulliam, Assistant Treasurer and Assistant Secretary
One HealthSouth Parkway
Birmingham, Alabama 35243