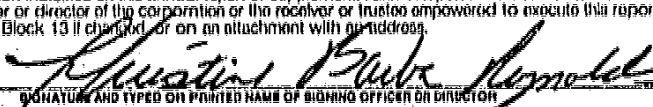


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS	FILED 1995 JUL 11 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000005700 (8)				
1. Corporation Name SURGICAL CARE ASSOCIATES, INC.				
Principal Place of Business 2589 N STATE RD 7 LAUDERHILL FL 33316		Mailing Address 2589 N STATE RD 7 LAUDERHILL FL 33316		
2. Principal Place of Business 21		2a. Mailing Address 26		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		
City & State 23		City & State 28		
Zip 24	Country 25	Zip 29	Country 30	
3. Date Incorporated or Created 01/25/1993		3a. Date of Last Report 08/17/1994		
4. FEI Number 65-0391009		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 THIRER, MARTIN PA 2717 W CYPRESS CREEK RD FT LAUDERDALE FL 33309		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 _____ DATE _____ Signature, typed or printed name of registered agent (and fee if applicable). (NOTE: Registered Agent signature required when re-registering)				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D	NAME REYNOLDS, DWIGHT C	1.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS 1640 W OAKLAND PK BLVD #201		1.2 NAME		
CITY - ST - ZIP FT LAUDERDALE FL 33311		1.3 STREET ADDRESS		
		1.4 CITY - ST - ZIP		
TITLE VP	NAME REYNOLDS, CHRISTINE	2.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS 2589 N ST. RD 7		2.2 NAME		
CITY - ST - ZIP LAUDERHILL FL		2.3 STREET ADDRESS		
		2.4 CITY - ST - ZIP		
TITLE		3.1 TITLE ☐ Change ☐ Addition		
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE ☐ Change ☐ Addition		
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE ☐ Change ☐ Addition		
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE ☐ Change ☐ Addition		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				