

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 JAN 29 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016770 (8)

1. Corporation Name

FT. LAUDERDALE SURGERY CENTER, INC.

Principal Place of Business

2700 COLORADO AVE.  
SUITE 200  
SANTA MONICA CA 90404  
US

Mailing Address

2700 COLORADO AVE.  
SUITE 200  
SANTA MONICA CA 90404  
US



700001708167

-02/06/96--01101--007

\*\*\*\*200.00 \*\*\*\*200.00

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

04/12/1995

4. FEI Number

76-0393769

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
C T Corporation System

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

1200 South Pine Island Road

83

84 City  
Plantation

FL

85 Zip Code  
33324

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 By: *M.T. Fitzpatrick* M.T. Fitzpatrick, Asst. Secretary

1-25-96

Signature of principal officer or registered agent and state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSVB ☐ DELETE  
NAME BROWN, SCOTT M.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY-ST-ZIP SANTA MONICA CA

TITLE P ☐ DELETE  
NAME FOCHT, MICHAEL H.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY-ST-ZIP SANTA MONICA CA

TITLE EVP ☐ DELETE  
NAME MACKAY, THOMAS B.  
STREET ADDRESS 2700 COLORADO AVE.  
CITY-ST-ZIP SANTA MONICA CA

TITLE VPT ☐ DELETE  
NAME MCMULLEN, TERENCE  
STREET ADDRESS 2700 COLORADO AVE.  
CITY-ST-ZIP SANTA MONICA CA

TITLE EVP ☐ DELETE  
NAME SMITH, W. RANDOLPH  
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200  
CITY-ST-ZIP DALLAS TX

TITLE VPAS ☒ DELETE  
NAME SABATINO, THOMAS J.  
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200  
CITY-ST-ZIP DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Secretary ☐ Change ☒ Addition

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 an address.

SIGNATURE:

*Scott M. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)