FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085896 (7)

1. Corporation Name

BETHESDA WEST AMBULATORY SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
54 NE 4 AVE DELRAY BEACH FL 33483	54 NE 4 AVE DELRAY BEACH FL 33483

U00001475550
-05/04/95--01027--018
***3040.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-0482044 ☐ 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	10. Name and Address of New Registered Agent
STRAWN, JOEL T 54 NE 4 AVE DELRAY BEACH FL 33483	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HILL, ROBERT B.	1.2 NAME		
STREET ADDRESS	2815 S. SEACREST BLVD.	1.3 STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH. FL	1.4 CITY ST ZIP		
TITLE	~~VD~~	2.1 TITLE	TDV	☒ Change ☐ Addition
NAME	~~TAYLOR, ROBERT B. J~~	2.2 NAME	TAYLOR, ROBERT B.	
STREET ADDRESS	~~2815 S. SEACREST BLVD.~~	2.3 STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY ST ZIP	~~BOYNTON BCH. FL~~	2.4 CITY ST ZIP	Boynton Beach, FL 33435	
TITLE	~~SD~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~PELTZIE, KENNETH G.~~	3.2 NAME	PELTZIE, KENNETH G.	
STREET ADDRESS	~~2815 S. SEACREST BLVD.~~	3.3 STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY ST ZIP	~~BOYNTON BCH. FL~~	3.4 CITY ST ZIP	Boynton Beach, FL 33435	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	STRAWN, JOEL T.	4.2 NAME		
STREET ADDRESS	54 NE 4TH AVE.	4.3 STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH. FL	4.4 CITY ST ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	KIRK, ROGER L.	
STREET ADDRESS		5.3 STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY ST ZIP		5.4 CITY ST ZIP	Boynton Beach, FL 33435	
TITLE		6.1 TITLE	AR 5/1	☐ 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 an address.

SIGNATURE: Joel T. Strawn — 4-26-95 — 407-278-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276547 CP