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

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

3. Date Incorporated or Qualified: **12/13/1993**
3a. Date of Last Report: **05/01/1995**
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

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

9. Name and Address of Current Registered Agent

STRAWN, JOEL T
54 NE 4 AVE
DELRAY BEACH FL 33483

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's signature required when mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	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	TDV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, ROBERT B		2.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33435		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PELTZIE, KENNETH G		3.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33435		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	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	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KIRK, ROGER L		5.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Robert B. Hill — 3/7/96 — (407) 737-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #