FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:29

DOCUMENT # P94000039581 (1)

1. Corporation Name

WEST PALM OUTPATIENT SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
5500 VILLAGE BLVD., STE. 103 WEST PALM BEACH FL 33407	5500 VILLAGE BLVD., STE. 103 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

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 Qualified: 05/23/1994
3a. Date of Last Report:
4. FEI Number: 65-0508483 ☐ 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

MENKHAUS, DAVID J
4800 N. FEDERAL HWY., STE. 210-A
BOCA RATON FL 33431

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 ______ (Registered Agent signature) ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1 TITLE	☐ Change ☐ Addition
NAME	JOHN SHILERO	1 NAME	
STREET ADDRESS	5500 Village BLVD #103	1 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33407	1 CITY-ST-ZIP	
TITLE	VICE PRESIDENT / TREASURER	2 TITLE	☐ Change ☐ Addition
NAME	BRUCE TANNENBAUM	2 NAME	
STREET ADDRESS	5500 Village BLVD #103	2 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33407	2 CITY-ST-ZIP	
TITLE	MARK Bearman	3 TITLE	☐ Change ☐ Addition
NAME	Secretary	3 NAME	
STREET ADDRESS	5500 Village BLVD #103	3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33407	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	Deposited by Bank

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: Bruce Tannenbaum (signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Bruce Tannenbaum

Date: 4-5-95 Daytime Phone: 407-697-4200

0240784 CP