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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 18 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090373 (9)

1. Corporation Name

AMERICAN SURGERY CENTERS OF SOUTH FLORIDA, INC.

Principal Place of Business

250 SOUTH PARK AVE.
SUITE 600
WINTER PARK FL 32789

Mailing Address

250 SOUTH PARK AVE.
SUITE 600
WINTER PARK FL 32789-4368

3. Date Incorporated or Qualified 12/13/1994	3a. Date of Last Report 03/20/1996
4. FEI Number 59-3286266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 5430 LBJ Freeway

Suite, Apt. #, etc.

22 Suite 1540

City & State

23 Dallas, Texas

Zip

24 75240

Country

25 U.S.A.

2a. Mailing Address

26 5430 LBJ Freeway

Suite, Apt. #, etc.

27 Suite 1540

City & State

28 Dallas, Texas

Zip

29 75240

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name NRAI Services
82 Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Ave.
83
84 City Tallahassee
85 Zip Code FL 32301

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, the officers, the registered agent, or the 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)

12. OFFICERS AND DIRECTORS

TITLE DCEO	<input checked="" type="checkbox"/> DELETE
NAME WHATLEY, THOMAS R JR.	
STREET ADDRESS 250 SOUTH PARK AVE., SUITE 600	
CITY-ST-ZIP WINTER PARK FL 32789	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BILLING, MITCHELL G	
STREET ADDRESS 250 S. PARK AVE, STE 600	
CITY-ST-ZIP WINTER PARK FL 32789	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME EARNHART, STEPHEN W	
STREET ADDRESS 250 S. PARK AVE, STE 600	
CITY-ST-ZIP WINTER PARK FL 32789	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME SWEERS, KATHRYN L	
STREET ADDRESS 250 S. PARK AVE, STE 600	
CITY-ST-ZIP WINTER PARK FL 32789	
TITLE TVP	<input checked="" type="checkbox"/> DELETE
NAME FRALEY, CONNIE G	
STREET ADDRESS 250 S. PARK AVE. SUITE 600	
CITY-ST-ZIP WINTER PARK FL 32789	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Sole Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Emmett E. Moore	
1.3 STREET ADDRESS 5430 LBJ Freeway, ste. 1540	
1.4 CITY-ST-ZIP Dallas, Texas 75240	
2.1 TITLE Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Richard J. D'Amico	
2.3 STREET ADDRESS 5430 LBJ Freeway, ste. 1540	
2.4 CITY-ST-ZIP Dallas, Texas 75240	
3.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Richard M. Owen	
3.3 STREET ADDRESS 1540 LBJ Freeway, Ste. 1540	
3.4 CITY-ST-ZIP Dallas, Texas 75240	
4.1 TITLE Vice Pres. of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Michael Grubbe	
4.3 STREET ADDRESS 250 S. Park Ave., #600	
4.4 CITY-ST-ZIP Winter Park, FL 32789	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

Richard J. D'Amico
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard J. D'Amico, Vice President

Vice President (972) 982-8264

Date

Daytime Phone #

CR2E034 (9/96)