FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090373 (9)

AMERICAN SURGERY CENTERS OF SOUTH FLORIDA, INC.

			ı						
Principal Place	e of Business	Mailing Addres	s						
5430 LBJ FRE	EWAY	5430 LBJ FREE	WAY						
SUITE 1540 SUITE 1540 DALLAS TX 75240 DALLAS TX 75240			240			DO NOT WRITE IN THIS SPACE			
UALLAS IX A	3240	DALLAG IA 13	240			3. Date Incorporated or Qualified	0.7.02		
						12/13/1994			
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number		Apr	olied For
21		26				59-3286266	t		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #	, etc.				\$8.		dditional
22		27				5. Certificate of Status Desired		ee Re	
City & State	8	City & State				6. Election Campaign Financing	\$5	.00	May Be
23		28				Trust Fund Contribution		dded to	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the o	urrent ye	ar Inta	ngible
24	25	29	30			Personal Property Tax due June 30.	Yes Yes		No
	Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	d Agent		
NR.	AI SERVICES, INC.			81	Name				
526	S E. PARK AVE.			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
TAI	LAHASSEE FL 32301			-	00017120101	(
				83					
				84	City		. 85	Zip C	'ada
					•	F	L -	•	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes, the at	oove-	named corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the a	of chang	ing its	registered
office or r	egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florica, Such cha dations of, Section 607	nge was authorized '.0505. Florida Stat	a by : tutes.	ine corporatio	in's board of directors, I hereby accept the a	pomme	пцаѕг	egisterea
SIGNATURE	·····	•	•						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	d Agent	t signature required	(v/hen reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD		ELETE 1,1 TIT	TLE			☐ Ch	ange	Addition .
NAME	Moore, emmett e		1.2 NA	AME					
STREET ADDRESS	5430 LBJ FREEWAY, SUITE	1540	1.3 ST	REET A	DORESS				
CITY-ST-ZIP	DALLAS TX 75240		1.4 CF	TY-ST-	- ZIP				
TITLE	VPS DELETE		ELETE 2.1 TII	2.1 TITLE		•	☐ Ch	ange	☐ Addition
NAME	D'AMICO, RICHARD J		2.2 NA	2.2 NAME					
STREET ADDRESS	5430 LBJ FREEWAY, SUITE	1540	2.3 ST	REET A	.DDAESS				
CITY-ST-ZIP	DALLAS TX 75240		2. 4 C	ITY-ST	- ZIP				
TITLE	VP		ELETE 3.1 TIT	TLE			☐ Ch	ange	☐ Addition
NAME	OWEN, RICHARD M		3.2 NA	ME	!	•			
STREET ADDRESS	1540 LBJ FREEWAY, SUITE	1540	3.3 ST	REET A	DDRESS				
CITY - ST - ZIP	DALLAS TX 75240		3.4. CE	ITY-ST	-ZIP				
TITLE	VPO		ELETE 4.1 TIT	TLE			Ch	ange	Addition
NAME	GRUBBE, MICHAEL		4. 2 N	AME					
STREET ADDRESS	250 S. PARK AVE, #600		4.3 ST	REET A	DDRESS				
CITY - ST - ZIP	WINTER PARK FL 32789		4.4 Ci	TY-ST-	- ZIP				
ከTLE			ELETE 5.1 TIT	TLE			Ch	ange	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	DDRESS				
CITY-ST-ZIP				TY-\$T-	1				
TITLE		□. C	ELETE 6.1 TIT				[Ch	ange	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			63.57	REET A	DORESS				

SIGNATURE:

14. I 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 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.

1-12-98

972) 982-8264

FILED

Jan 30 1998 8:00am

Secretary of State