

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000090373**

1. Corporation Name

AMERICAN SURGERY CENTERS OF SOUTH FLORIDA, INC.

Principal Place of Business

**5430 LBJ FREEWAY
SUITE 1540
DALLAS TX 75240**

Mailing Address

**5430 LBJ FREEWAY
SUITE 1540
DALLAS TX 75240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1994

4. FEI Number

59-3286266

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 14800 Landmark

2a. Mailing Address

26 14800 Landmark

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500

27 Suite 500

City & State

City & State

23 Dallas TX

28 Dallas, TX

Zip

Zip

Country

Country

24 75240

25 USA

29 75240

30 USA

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MOORE, EMMETT E**
STREET ADDRESS **5430 LBJ FREEWAY, SUITE 1540**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE **VPS** ☒ DELETE
NAME **D'AMICO, RICHARD J**
STREET ADDRESS **5430 LBJ FREEWAY, SUITE 1540**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE **VP** ☒ DELETE
NAME **OWEN, RICHARD M**
STREET ADDRESS **1540 LBJ FREEWAY, SUITE 1540**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE **VPO** ☒ DELETE
NAME **GRUBBE, MICHAEL**
STREET ADDRESS **250 S. PARK AVE, #600**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Michael Yeary**
1.3 STREET ADDRESS **14800 Landmark, Suite 500**
1.4 CITY-ST-ZIP **Dallas, Texas 75240**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Jonathan Bond**
2.3 STREET ADDRESS **14800 Landmark, Suite 500**
2.4 CITY-ST-ZIP **Dallas, Texas 75240**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Karen Nicolaou**
3.3 STREET ADDRESS **5005 Riverway, Dr., Suite 400**
3.4 CITY-ST-ZIP **Houston, Texas 77056**

4.1 TITLE **Asst. Secretary** ☒ Change ☐ Addition
4.2 NAME **Lane Edenburn**
4.3 STREET ADDRESS **14800 Landmark, Suite 500**
4.4 CITY-ST-ZIP **Dallas, Texas 75240**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90048 012 ***150.00



CR2E034 (1/98)