

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 # P95000001945 (1)

1. Corporation Name
SURGICARE OF FT. PIERCE, INC.

Principal Place of Business

201 W. MAIN ST
LOUISVILLE KY 40202

Mailing Address

201 W. MAIN ST
LOUISVILLE KY 40202



3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 One Park Plaza

2a. Mailing Address

26 P.O. Box 570

4. FET Number

61-1276570

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

Nashville, TN

28 City & State

Nashville, TN

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

37203

25 Country

US

29 Zip

37202

30 Country

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRAUN, STEPHEN T
STREET ADDRESS 201 W. MAIN ST
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

TITLE D
NAME COLBY, DAVID C
STREET ADDRESS 201 W. MAIN ST
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

TITLE D
NAME SCHWEINHART, RICHARD A
STREET ADDRESS 201 W. MAIN ST
CITY-ST-ZIP LOUISVILLE KY 40202 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VISID ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS One Park Plaza
1.4 CITY-ST-ZIP Nashville, TN 37203

2.1 TITLE VISID ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS One Park Plaza
2.4 CITY-ST-ZIP Nashville, TN 37203

3.1 TITLE VISID ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS One Park Plaza
3.4 CITY-ST-ZIP Nashville, TN 37203

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Donald E. Steen
4.3 STREET ADDRESS 13455 Noel Road, 20th Floor
4.4 CITY-ST-ZIP Dallas, TX 75240

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME R. Milton Johnson
5.3 STREET ADDRESS One Park Plaza
5.4 CITY-ST-ZIP Nashville, TN 37203

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME John M. Franck
6.3 STREET ADDRESS One Park Plaza
6.4 CITY-ST-ZIP Nashville, TN 37203

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:

R. Milton Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Milton Johnson 4-4-96 (615) 327-9551
Date Daytime Phone

CR2E034 (12/95)