FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
ONE PARK PLAZA NASHVILLE TN 37203 US	~~P.O. BOX 570~~ ~~ATTN: TAX DEPT.~~ ~~NASHVILLE TN 37202-0570~~ US

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 PO Box 750
27 Suite, Apt. #, etc.
28 City & State: Nashville TN
29 Zip: 37202 30 Country: USA

4. FEI Number: 61-1276570 — ☐ 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
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAUN, STEPHEN T		1.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		1.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~GOLBY, DAVID C~~		2.2 NAME	Donahay, Kenneth	
STREET ADDRESS	ONE PARK PLAZA		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~SCHWEINHART, RICHARD A.~~		3.2 NAME	Elton Rosalyn	
STREET ADDRESS	ONE PARK PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	~~STEEN, DONALD E.~~		4.2 NAME	Flectwood, Jim	
STREET ADDRESS	13455 NOEL ROAD, 20TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, R. M		5.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRANCK, JOHN M		6.2 NAME		
STREET ADDRESS	ONE PARK PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: [signature] [illegible] 4/1/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476677