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 # P95000001948 (5)

1. Corporation Name

SURGICARE OF NICEVILLE, 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
Suite, Apt. #, etc.
22 P.O. Box 570
City & State
23 Nashville TN
Zip 24 37203 Country 25 USA

2a. Mailing Address
26 One Park Plaza
Suite, Apt. #, etc.
27 P.O. Box 570
City & State
28 Nashville TN
Zip 29 37203 Country 30 USA.

4. FEI Number: 61-1276567 ☐ 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 ____________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRAUN, STEPHEN T	
STREET ADDRESS	201 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	D	☐ DELETE
NAME	COLBY, DAVID C	
STREET ADDRESS	201 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	D	☐ DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	201 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
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	D/V	☒ Change ☐ Addition
1.2 NAME	Braun, Stephen T.	
1.3 STREET ADDRESS	One Park Plaza	
1.4 CITY-ST-ZIP	Nashville, TN 37203	
2.1 TITLE	D/V	☒ Change ☐ Addition
2.2 NAME	Colby, David C.	
2.3 STREET ADDRESS	One Park Plaza	
2.4 CITY-ST-ZIP	Nashville, TN 37203	
3.1 TITLE	D/V	☐ Change ☐ Addition
3.2 NAME	Schweinhart, Richard A.	
3.3 STREET ADDRESS	One Park Plaza	
3.4 CITY-ST-ZIP	Nashville, TN 37203	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	R. Milton Johnson	
4.3 STREET ADDRESS	One Park Plaza	
4.4 CITY-ST-ZIP	Nashville, TN 37203	
5.1 TITLE	P.	☐ Change ☒ Addition
5.2 NAME	Donald E. Steen	
5.3 STREET ADDRESS	13455 Noel Road, 20th Fl.	
5.4 CITY-ST-ZIP	Dallas, TX 75240	
6.1 TITLE		☐ Change ☐ 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 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 4/29/96 615-327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (12/95)