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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000013708 (9)**

1. Corporation Name

SURGICARE OF ZEPHYRHILLS, INC.



Principal Place of Business

201 WEST MAIN STREET
LOUISVILLE KY 40202

Mailing Address

201 WEST MAIN STREET
LOUISVILLE KY 40202

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 **One Park Plaza**
Suite, Apt. #, etc.

2a. Mailing Address

26 **PO Box 570**
Suite, Apt. #, etc.

4. FEI Number

62-1600401

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

Nashville TN

City & State

Nashville TN

24

25

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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 STREET
SUITE 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BRAUN, STEPHEN T	201 WEST MAIN STREET	LOUISVILLE KY 40202	<input checked="" type="checkbox"/>
D	COLBY, DAVID C	201 WEST MAIN STREET	LOUISVILLE KY 40202	<input type="checkbox"/>
D	SCHWEINHART, RICHARD A	201 WEST MAIN STREET	LOUISVILLE KY 40202	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	Donald E. Steen	13455 Noel Rd. 20th Floor	Dallas, TX 75240	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/VT		One Park Plaza	Nashville, TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/VT		One Park Plaza	Nashville TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/VT	Stephen T. Braun	One Park Plaza	Nashville TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Milton Johnson	One Park Plaza	Nashville TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	John M. Franck	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *John Franck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (615) 327-955
Date Daytime Phone #

CR2E034 (12/95)