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 # **P95000025206 (0)**

1. Corporation Name

AMERICAN SURGERY CENTERS OF SARASOTA, INC.

Principal Place of Business

250 SOUTH PARK AVENUE
SUITE 600
WINTER PARK FL 32789

Mailing Address

250 SOUTH PARK AVENUE
SUITE 600
WINTER PARK FL 32789

3. Date Incorporated or Qualified: **03/29/1995**

3a. Date of Last Report:

4. FEI Number: 59-3312078 ☐ 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

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

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.1505, 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. The above 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHATLEY, THOMAS R JR.	
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE
NAME	BILLING, MITCHELL G	
STREET ADDRESS	250 SOUTH PARK AVENUE, SUITE 600	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	President	☐ Change ☒ Addition
12 NAME	Stephen W. Earnhart	
13 STREET ADDRESS	250 S. Park Ave., Suite 600	
14 CITY-ST-ZIP	Winter Park, FL 32789	
21 TITLE	Vice President	☐ Change ☒ Addition
22 NAME	Thomas R. Whatley, Jr.	
23 STREET ADDRESS	250 S. Park Ave., Suite600	
24 CITY-ST-ZIP	Winter Park, FL 32789	
31 TITLE	Vice President	☐ Change ☒ Addition
32 NAME	Michael E. Grubbe	
33 STREET ADDRESS	250 S. Park Ave., Suite 600	
34 CITY-ST-ZIP	Winter Park, FL 32789	
41 TITLE	VP/Secratary	☐ Change ☒ Addition
42 NAME	Mitchell G.Billing	
43 STREET ADDRESS	250 S. Park Ave., Suite 600	
44 CITY-ST-ZIP	Winter Park, FL 32789	
51 TITLE	VP/Treasure	☐ Change ☒ Addition
52 NAME	Connie G. Fraley	
53 STREET ADDRESS	250 S. Park Ave., Suite 600	
54 CITY-ST-ZIP	Winter Park, FL 32789	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is true, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added by this report.

SIGNATURE: Connie G. Fraley VP/ Treasure 3/18/96 407/647-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number