

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32789-4398

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21 5430 LBJ FREEWAY

Suite, Apt. #, etc.
ste. 1540

22 City & State
DALLAS, TX

23 Zip
75240

25 Country
USA

2a. Mailing Address

26 5430 LBJ FREEWAY

Suite, Apt. #, etc.
ste. 1540

27 City & State
DALLAS, TX

28 Zip
75240

30 Country
USA

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

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 NRAI SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

526 E. PARK AVE

83 9000002150563--9

-04/22/97--01051--002

84 City Tallahassee

****165.00 **2105:00
32301

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	EARNHART, STEPHEN W	250 S. PARK AVE., SUITE 600 WINTER PARK FL 32789	
VP	WHATLEY, THOMAS R JR	250 S. PARK AVE., SUITE 600 WINTER PARK FL 32789	
VP	GRUBBE, MICHAEL E	250 S. PARK AVE., SUITE 600 WINTER PARK FL 32789	
VPS	BILLING, MITCHELL G	250 S. PARK AVE., SUITE 600 WINTER PARK FL 32789	
VPT	FRALEY, CONNIE G	250 S. PARK AVE., SUITE 600 WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PRESIDENT/SOLE DIRECTOR	EMMETT E. MOORE	5430 LBJ FREEWAY, STE. 1540 DALLAS, TX 75240	
VICE PRESIDENT/ SECRETARY	RICHARD J. DAMICO	5430 LBJ FREEWAY, STE. 1540 DALLAS, TX 75240	
Vice President of Operations			
VICE PRESIDENT	RICHARD M. OWEN	5430 LBJ FREEWAY, STE. 1540 DALLAS, TX 75240	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)