

**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**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	5430 LBJ FREEWAY	5430 LBJ FREEWAY	59-3312078	Not Applicable
22	Suite, Apt. #, etc. ste. 1540	Suite, Apt. #, etc. ste. 1540	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State DALLAS, TX	City & State DALLAS, TX	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip 75240	Zip 75240	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Country USA	Country USA		

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 **NRAT SERVICES INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**526 E. PARK AVE**  
83 **900002150563--9**  
**-04/22/97--01051--002**  
84 City **Tallahassee** **\*\*\*165. PL** **04/21/97:00**  
**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>EARNHART, STEPHEN W</b>	
STREET ADDRESS	<b>250 S. PARK AVE., SUITE 600</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHATLEY, THOMAS R JR</b>	
STREET ADDRESS	<b>250 S. PARK AVE., SUITE 600</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUBBE, MICHAEL E</b>	
STREET ADDRESS	<b>250 S. PARK AVE., SUITE 600</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BILLING, MITCHELL G</b>	
STREET ADDRESS	<b>250 S. PARK AVE., SUITE 600</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRALEY, CONNIE G</b>	
STREET ADDRESS	<b>250 S. PARK AVE., SUITE 600</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT/SOLE DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>EMMETT E. MOORE</b>	
1.3 STREET ADDRESS	<b>5430 LBJ FREEWAY, STE. 1540</b>	
1.4 CITY - ST - ZIP	<b>DALLAS, TX 75240</b>	
2.1 TITLE	<b>VICE PRESIDENT / SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RICHARD J. DAMICO</b>	
2.3 STREET ADDRESS	<b>5430 LBJ FREEWAY, STE. 1540</b>	
2.4 CITY - ST - ZIP	<b>DALLAS, TX 75240</b>	
3.1 TITLE	<b>Vice President of Operations</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>RICHARD M. OWEN</b>	
4.3 STREET ADDRESS	<b>5430 LBJ FREEWAY, STE. 1540</b>	
4.4 CITY - ST - ZIP	<b>DALLAS, TX 75240</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* **REQUIRED** 3-1-97 Date: (972) 982-8264 Daytime Phone: *[Number]*

CR2E034 (9/96)