

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: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P95000050552 (5)**
1. Corporation Name: **AMERICAN SURGERY CENTERS OF CORAL GABLES, 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 32789-4388**

3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report 03/28/1996
4. FEI Number 59-3322369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 5430 LBJ FREEWAY	2a. Mailing Address 5430 LBJ FREEWAY
21. Suite, Apt. or other STE 1540	26. Suite, Apt. or other STE 1540
22. City & State DALLAS, TX	27. City & State DALLAS, TX
23. Zip 75240	28. Zip 75240
24. Country USA	29. 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. Name NRAI SERVICES INC.
82. Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVE
83. City TALLAHASSEE
84. State FL
85. Zip Code 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		13. PRESIDENT/SOLE DIRECTOR	
TITLE D	NAME EHATLEY, THOMAS R JR.	1.1 TITLE EMMETT E. MOORE	1.2 NAME 5430 LBJ FREEWAY, STE. 1540
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600	CITY-ST-ZIP WINTER PARK FL 32789	1.3 STREET ADDRESS DALLAS, TX 75240	1.4 CITY-ST-ZIP
TITLE D	NAME BILLING, MITCHELL G	2.1 TITLE VICE PRESIDENT/ SECRETARY	2.2 NAME RICHARD J. DAMICO
STREET ADDRESS 250 SOUTH PARK AVENUE, SUITE 600	CITY-ST-ZIP WINTER PARK FL 32789	2.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540	2.4 CITY-ST-ZIP
TITLE P	NAME GRUBBE, MICHAEL E	3.1 TITLE VICE PRESIDENT	3.2 NAME RICHARD M. OWEN
STREET ADDRESS 250 S. PARK AVE., #600	CITY-ST-ZIP WINTER PARK FL 32789	3.3 STREET ADDRESS 5430 LBJ FREEWAY, STE. 1540	3.4 CITY-ST-ZIP
TITLE VP	NAME WHATLEY, THOMAS R JR.	4.1 TITLE DALLAS, TX 75240	4.2 NAME Vice Pres. of Operations
STREET ADDRESS 250 S. PARK AVE., #600	CITY-ST-ZIP WINTER PARK FL 32789	4.3 STREET ADDRESS MICHAEL GRUBBE	4.4 CITY-ST-ZIP 250 S. PARK AVE. 600
TITLE VPS	NAME BILLING, MITCHELL G	5.1 TITLE WINTER PARK, FL 32789	5.2 NAME
STREET ADDRESS 250 S. PARK AVE., #600	CITY-ST-ZIP WINTER PARK FL 32789	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE VPT	NAME FRALEY, CONNIE G	6.1 TITLE	6.2 NAME
STREET ADDRESS 250 S. PARK AVE., #600	CITY-ST-ZIP WINTER PARK FL 32789	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: _____ DATE: **3-1-97** (972)-982-8264

CR2E034 (9/96)