

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056606 (3)

1. Corporation Name
SURGICARE OF WEST BOYNTON, INC.



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203**
Mailing Address: **ONE PARK PLAZA NASHVILLE TN 37203**

3. Date Incorporated or Qualified: **07/21/1995**
3a. Date of Last Report

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

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

4. FEI Number 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 **10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET STE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	COLBY, DAVID C
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A
STREET ADDRESS	ONE PARK PLAZA
CITY - ST - ZIP	NASHVILLE TN 37203
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>President</i>
4.3 STREET ADDRESS	<i>Donald E. Steen</i>
4.4 CITY - ST - ZIP	<i>13455 Noel Road, 20471 Dallas, TX 75240</i>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Vice President</i>
5.3 STREET ADDRESS	<i>R. Milton Johnson</i>
5.4 CITY - ST - ZIP	<i>One Park Plaza Nashville, TN 37203</i>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>Secretary</i>
6.3 STREET ADDRESS	<i>John M. Frank</i>
6.4 CITY - ST - ZIP	<i>One Park Plaza Nashville, TN 37203</i>

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: *R. Milton Johnson* Vice President 4/9/96 (615)327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

CR2E034 (12/95)