SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000074064 (2) NSC PORT ST. LUCIE, INC. Principal Place of Business Malling Address 35 PÁSTAMONGT QÁNG 30 SOUTH WACKER DR. STE. 2302 CHICAGO IL 60606 3. 2. Principal Place of Business 2a. Mailing Address 4. 5 City & State City & State 6. Country 8. 25 29 30 9. Name and Address of Current Registered Agent 10 GORMAN, EILEEN Name C/O DAY SURGERY 82 Street Address (F 1715 S.E TIFFANY AVE. PORT ST. LUCIE FL 34985 83 84 City 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's beagent. 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 wh OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE DELETE S GEARY, E. TIMOTHY NAME 1.2 NAME 104 S. MICHIGAN AVENUE, SUITE 1220 1.3 STREET ADDRESS STREET ADDRESS CHÍCAGO IL 60603 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE ___ DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5 1 TiTLE TITLE DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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DO NOT WRITE IN THIS S Date Incorporated or Qualified	PACE	
09/06/1996		
. FEI Number 36-4103651	Applied For Not Applicable	
Certificate of Status Desired	\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
This corporation owes or has paid the curren		
. Name and Address of New Registered Ag		
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submits this statement for the purpose of changing its registered oard of directors. I hereby accept the appointment as registered		
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en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
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14. I 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.

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NSC Port St. Lucie, Inc. Officer List Florida Profit Corporation Annual Report

President	E. Timothy Geary	30 S. Wacker Dr., Sulte 2302, Chicago, IL 60606
Vice President		30 S. Wacker Dr., Sulte 2302, Chicago, IL 60606
Trees পদ্দি, Secretary Vice President	Bryan S. Fisher Dennis Solheim	30 S. Wacker Dr., Suite 2302, Chicago, IL 60606
Vice President	Dennis Zamojski	30 S. Wacker Dr., Sulte 2302, Chicago, IL 60606

Director	E. Timothy Geary	30 S. Wacker Dr., Suite 2302, Chicago, IL 60606

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