
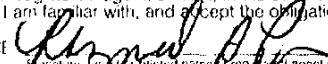
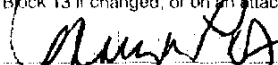


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000102040 (8) 1. Corporation Name SURGICAL HEALTH CARE, INCORPORATED			
Principal Place of Business 113 WESTWOOD CT ATLANTIS FL 33462		Mailing Address 113 WESTWOOD CT ATLANTIS FL 33462-1027	
2. Principal Place of Business 21 10111 Forest Hill Blvd Suite Apt. # etc. 22 221 City & State 23 West Palm Beach Zip 24 33414 Country 25 USA		2a. Mailing Address 26 10111 Forest Hill Blvd Suite Apt. # etc. 27 221 City & State 28 West Palm Beach, FL Zip 29 33414 Country 30 USA	
3. Date incorporated or Qualified 12/17/1996		3a. Date of Last Report FIRST ONE	
4. FEI Number 65-0715107		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			
9. Name and Address of Current Registered Agent POLIZZI, RAYMOND A 113 WESTWOOD CT ATLANTIS FL 33462		10. Name and Address of New Registered Agent 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  Signature of the registered agent or the person authorized to change the registered agent and the date if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.12 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.13 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.16 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.17 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.18 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.19 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.20 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.21 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.22 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.23 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.24 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.25 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.26 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.27 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.28 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.29 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.30 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.31 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.32 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.33 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.34 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.35 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.36 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.37 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.38 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.39 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.40 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.41 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.42 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.43 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.44 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.45 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.46 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.47 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.48 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.49 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.50 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.51 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.52 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.53 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.54 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.55 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.56 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.57 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.58 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.59 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.60 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.62 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.63 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.64 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.65 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.66 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.67 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.68 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.69 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.70 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.71 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.72 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.73 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.74 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.76 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.77 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.78 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.79 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.80 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.81 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.82 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.83 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.84 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.85 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.86 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.87 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.88 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.89 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.90 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.91 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.92 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.93 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.94 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.95 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.96 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.97 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.98 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.99 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY-ST-ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY-ST-ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY-ST-ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY-ST-ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY-ST-ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY-ST-ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY-ST-ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY-ST-ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY-ST-ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY-ST-ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY-ST-ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY-ST-ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY-ST-ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY-ST-ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY-ST-ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY-ST-ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY-ST-ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY-ST-ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 2.00 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/7/97 Daytime Phone # 0000004	

CR2E034 (9/96)