FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **S18123** **(7)**

1. Corporation Name
SURGICAL ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business
4302 ALTON ROAD
STE 420
MIAMI BEACH FL 33140
US

Mailing Address
4302 ALTON ROAD
#420
MIAMI BEACH FL 33140
US

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

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

3. Date Incorporated or Qualified: 12/13/1990
3a. Date of Last Report: 03/10/1995
4. FEI Number: 65-0238535 [ ] 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, Fla. St. Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MARGULIES JUDY
4302 ALTON ROAD
SUITE 420
MIAMI BEACH FL 33140

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 Section 607.0505 and Section 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
D	RUSSIN, DAVID J.	4302 ALTON ROAD, #420	MIAMI BEACH FL	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY, ST, ZIP	[ ] Change [ ] Addition
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY, ST, ZIP	[ ] Change [ ] Addition
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY, ST, ZIP	[ ] Change [ ] Addition
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY, ST, ZIP	[ ] Change [ ] Addition
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY, ST, ZIP	[ ] Change [ ] Addition
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY, ST, ZIP	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is valid 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 report or supplemental business 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 other business entity 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 is added in Block 13 with an addition.

SIGNATURE: 3/11/96 305-532-7679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone

CR2E034 (12/95)