2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # S27854** 1. Entity Name SURGICARE OF MANATEE, INC. 03-22-2001 90072 022 ***150.00 Mailing Address Principal Place of Business P.O.B. 750 ONE PARK PLAZA ATTN: TAX DEPT NASHVILLE TN 37203 NASHVILLE TN 37203 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 75-2364410 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DVP ☐ Delete TIT! F TITLE JOHNSON, R. M. NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN Change ☐ Addition TITLE DP □ Delete TITLE NAME ROTH, GREG NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 ☐ Addition ☐ Delete TITLE Change TITLE BLACKWOOD, DORA A NAME NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN ☐ Addition Change TITLE ☐ Delete TITLE GRUBBS, RONALD LEE NAME NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 ☐ Change ☐ Addition **VPS** ☐ Delete TITLE TITLE FRANCK, JOHN M NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP **NASHVILLE TN** ☐ Change ☐ Addition DVP ☐ Delete TITLE TITLE NAME NAME MOORE, A. BRUCE STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered:

David Denson Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: