

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 # **V02736** (9)

1. Corporation Name
SURGICARE OF KISSIMMEE, INC.



Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address
**P.O. BOX 570
ATT: TAX DEPT.
NASHVILLE TN 37202**

3. Date Incorporated or Qualified: **12/27/1991**
3a. Date of Last Report: **05/01/1994**

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

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

4. FEI Number: **75-2407305**
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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 []
84 City
85 Zip Code: **FL**

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 new agent)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|-----------------------------|
| TITLE | PP | 1.1 TITLE | V |
| NAME | STEEN, DONALD E. | 1.2 NAME | Johnson, R. Milton |
| STREET ADDRESS | ONE PARK PLAZA | 1.3 STREET ADDRESS | One Park Plaza |
| CITY-ST-ZIP | NASHVILLE TN 37203 | 1.4 CITY-ST-ZIP | Nashville, TN 37203 |
| TITLE | V | 2.1 TITLE | V |
| NAME | MOORE, EMMETT E. | 2.2 NAME | Braun, Stephen T. |
| STREET ADDRESS | ONE PARK PLAZA | 2.3 STREET ADDRESS | One Park Plaza |
| CITY-ST-ZIP | NASHVILLE TN 37203 | 2.4 CITY-ST-ZIP | Nashville, TN 37203 |
| TITLE | TS | 3.1 TITLE | DISUP17 |
| NAME | BOND, JONATHAN R. | 3.2 NAME | Colby, David C. |
| STREET ADDRESS | ONE PARK PLAZA | 3.3 STREET ADDRESS | One Park Plaza |
| CITY-ST-ZIP | NASHVILLE TN 37203 | 3.4 CITY-ST-ZIP | Nashville, TN 37203 |
| TITLE | AT | 4.1 TITLE | AS |
| NAME | DOUGHERTY, KATHRYN K | 4.2 NAME | |
| STREET ADDRESS | ONE PARK PLAZA | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | V/O |
| NAME | | 5.2 NAME | Schweinhart, Richard |
| STREET ADDRESS | | 5.3 STREET ADDRESS | One Park Plaza |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Nashville, TN 37203 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| | | | |
|--------|-------------------------------------|----------|-------------------------------------|
| Change | <input type="checkbox"/> | Addition | <input checked="" type="checkbox"/> |
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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** *R. Milton Johnson* 4-8-96 (615)327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)