

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

STATE OF FLORIDA
 DEPARTMENT OF STATE
 1995



DEPARTMENT OF STATE
 2000 B. WASHINGTON
 TALLAHASSEE, FLORIDA 32301-0001

APPROVED
 AND
 FILED

DOCUMENT # **V23956** (8)

SURGICAL HEALTH OF ORLANDO, INC.

OFFICE: 29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

990 HAMMOND DR
 SUITE 300
 ATLANTA GA 30328
 US

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 SUITE 300
 ATLANTA GA 30328
 US

2	2a	3	3a
21	26	03/26/1992	05/01/1994
22	27	4. Filing Office	Aggressed For
23	28	58-1997354	Not Applicable
24	29	5. Contribution of State Required	\$8.75 Additional Fee Required
	30	6. Free to be employed, practicing, or engaged in business	\$5.00 May Be Added to Fees
		8. This corporation has liability for corporation tax under 1994 US Federal Statute	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1	B2	B3	B4	B5
FL	FL			FL

11. I, the undersigned, do hereby certify that the above named corporation complies with the provisions of the statute for the purpose of being eligible to register in this state and that the corporation is not in violation of any law of this state and that the corporation is not in violation of any law of this state and that the corporation is not in violation of any law of this state.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL MANAGERS, EMPLOYEES, AGENTS AND OTHERS
PD LUTTRELL, WILLIAM B 990 HAMMOND DR SUITE 300 ATLANTA GA	<input checked="" type="checkbox"/> PD Morph. S. Rock A. 1911 21st Ave Nashville, TN 37212
VST RASMUSSEN, GARY W 990 HAMMOND DR. SUITE 300 ATLANTA GA	<input checked="" type="checkbox"/> VST Finley, H. Michael 990 Hammond Dr, Suite 300 Atlanta, GA 30328
	<input checked="" type="checkbox"/> VD Schnieder, George G. 990 Hammond Dr, Suite 300 Atlanta, GA 30328
	<input checked="" type="checkbox"/> V Garvin, Sarah C 990 Hammond Dr, Ste 300 Atlanta, GA 30328
	<input checked="" type="checkbox"/> V Diedrich, Jan 1405 S. Orange Ave, Suite 400 Orlando, FL 32806

14. I, the undersigned, do hereby certify that the information supplied with this filing is true, correct and complete and that the corporation is not in violation of any law of this state and that the corporation is not in violation of any law of this state and that the corporation is not in violation of any law of this state.

SIGNATURE: *A. Michael Finley, SVP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 404-673-1954