

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 # **V38057** (8)

1. Corporation Name
SURGICARE OF PLANTATION, INC.



Principal Place of Business	Mailing Address
TWO GALLERIA TOWER 13455 NOEL ROAD TWENTIETH FLOOR DALLAS TX 75240 US	TWO GALLERIA TOWER 13455 NOEL ROAD TWENTIETH FLOOR DALLAS TX 75240 US

3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 75-2433593	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 One Park Plaza	26 P.O. Box 570
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Attn: Tax Dept.
City & State	City & State
23 Nashville, TN	28 Nashville, TN
Zip	Zip
24 37203	29 37202
Country	Country
25 US	30 US

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 _____ DATE _____
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEEN, DONALD E.	
STREET ADDRESS	13455 NOEL RD, 20 FLOOR	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILCOX, WILLIAM H	
STREET ADDRESS	13455 NOEL RD, 20TH FLOOR	
CITY-ST-ZIP	DALLAS TX	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BOND, JONATHAN R	
STREET ADDRESS	13455 NOEL RD, 20TH FLOOR	
CITY-ST-ZIP	DALLAS TX	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DOUGHERTY, KATHRYN K	
STREET ADDRESS	13455 NOEL RD, 20TH FLOOR	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	700001818117	
4. CITY-ST-ZIP	-05/13/96--01027--018	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	***200.00	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Johnson, R. Milton	
3.3 STREET ADDRESS	One Park Plaza	
3.4 CITY-ST-ZIP	Nashville, TN 37203	
4.1 TITLE	T/V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Colby, David C.	
4.3 STREET ADDRESS	One Park Plaza	
4.4 CITY-ST-ZIP	Nashville, TN 37203	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Franck, John M.	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY-ST-ZIP	Nashville, TN 37203	
6.1 TITLE	V/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Braun, Stephen T.	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY-ST-ZIP	Nashville, TN 37203	

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; 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** **615-327-9551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)