

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # V38057 (8)**  
 1. Corporation Name  
**SURGICARE OF PLANTATION, INC.**



Principal Place of Business  
**ONE PARK PLAZA  
 NASHVILLE TN 32703  
 US**

Mailing Address  
**PO BOX 570  
 ATTN: TAX DEPT.  
 NASHVILLE TN 37202-0570**

3. Date Incorporated or Qualified **05/21/1992** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	PO Box 750	4. FEI Number	75-2433593	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	37202	30	Country	USA
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> DELETE
NAME	<del>STEEN, DONALD E.</del>	
STREET ADDRESS	13455 NOEL RD, 20 FLOOR	
CITY - ST - ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<del>WILCOX, WILLIAM H.</del>	
STREET ADDRESS	13455 NOEL RD, 20TH FLOOR	
CITY - ST - ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, MILTON R	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 32703	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	<del>GOLBY, DAVID C</del>	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 32703	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 32703	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T 1996050	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN 32703	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morgan, George	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pritchett, Thomas	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donahay, Kenneth	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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: \_\_\_\_\_ Date: **4-10-97**

CR2E034 (9/96)