RI SOS Filing Number: 201554268290 Date: 01/28/2015 12:56 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000996412

2. Name of Corporation Surgical Care Affiliates, Inc.

3. Street Address Principal Business Office:

No. and Street: 569 BROOKWOOD VILLAGE
SUITE 901
City or Town: BIRMINGHAM State: AL Zip: 35209 Country: USA

4. Business Phone No.

205.545.2572

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

OWNS AMBULATORY SURGICAL CENTERS. THE PAR VALUE OF THE AUTHORIZED SHARES IS 0.01000

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANDREW HAYEK	520 LAKE COOK ROAD, SUITE 250 DEERFIELD, IL 60015 USA
SECRETARY	RICHARD L SHARFF JR	569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM, AL 35209 USA
CFO	PETER CLEMENS	569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM, AL 35209 USA
VICE PRESIDENT	JOSEPH T CLARK	569 BROOKWOOD VILLAGE, SUITE 901

		BIRMINGHAM, AL 35209 USA
VICE PRESIDENT	MICHAEL A RUCKER	569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM, AL 35209 USA
OTHER OFFICER	JENIFER KIMBROUGH	569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM, AL 35209

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0100	180,000,000.00	0
PWP		$0.0100	20,000,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 28 Day of January, 2015 at 1:00:59 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RICHARD L. SHARFF, JR.
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07