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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **667528** (4)

1. Corporation Name

**GULF COAST FAMILY PHYSICIANS OF SOUTHWEST FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
6140 WINKLER RD SUITE D FORT MYERS FL 33919 US  
12800 UNIVERSITY DRIVE SUITE 560 FORT MYERS FL 33907-5337

3. Date Incorporated or Qualified **05/01/1980** 3a. Date of Last Report **05/01/1984**  
4. FEI Number **59-1990021** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**POWELL, DENNY**  
**13681 DOCTOR'S WAY**  
**FORT MYERS FL 33912-4309**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 date if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUSSEY, WILLIAM S.
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560
CITY-ST-ZIP	FORT MYERS FL
TITLE	D
NAME	POWELL, DENNY
STREET ADDRESS	13681 DOCTOR'S WAY
CITY-ST-ZIP	FORT MYERS FL
TITLE	D
NAME	JARRELL, JAY A.
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560
CITY-ST-ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William S. Hussey	
1.3 STREET ADDRESS	Bay Point Plaza Suite 150	
1.4 CITY-ST-ZIP	5200 Courtney Campbell Causeway Tampa, FL 33607	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daniel J. Moen	
2.3 STREET ADDRESS	7975 NW 154th St Suite #400A	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33016	
3.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David C. Colby	
3.3 STREET ADDRESS	One Park Plaza	
3.4 CITY-ST-ZIP	Nashville TN 37203	
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rachel A. Seifert	
4.3 STREET ADDRESS	One Park Plaza	
4.4 CITY-ST-ZIP	Nashville TN 37203	
5.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stephen T Brawn	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY-ST-ZIP	Nashville TN 37203	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 a printed document with an address.

SIGNATURE: *Rachel A. Seifert* Rachel A. Seifert 8-4-95 615/320-2500  
Vice President (Date) (Type Name #)