

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 667528 (4)**

1. Corporation Name  
**GULF COAST FAMILY PHYSICIANS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business <b>ONE PARK PLAZA                  NASHVILLE TN 37203                  US</b>	Mailing Address <b>P.O BOX 750                  NASHVILLE TN 37202                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/01/1980</b>	
21	22	26	27	4. FEI Number <b>59-1990021</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC.                  1201 HAYS STREET                  TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>FLEETWOOD, JIM</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>7975 NW 154TH ST. #400A</del>	1.2 NAME	
STREET ADDRESS	<del>MIAMI LAKES FL</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BRAUN, STEPHEN T</del>	2.2 NAME	<b>AS Blackwood, Dora A.</b>
STREET ADDRESS	<del>ONE PARK PLAZA</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>NASHVILLE TN 37203</del>	2.4 CITY-ST-ZIP	
TITLE	<del>BYT</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DONAHEY, KENNETH</del>	3.2 NAME	<b>DSVAT</b>
STREET ADDRESS	<del>ONE PARK PLAZA</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>NASHVILLE TN</del>	3.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ELTON, ROSALYN</del>	4.2 NAME	
STREET ADDRESS	<del>ONE PARK PLAZA</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>NASHVILLE TN</del>	4.4 CITY-ST-ZIP	
TITLE	<del>V</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>JOHNSON, MILTON</del>	5.2 NAME	
STREET ADDRESS	<del>ONE PARK PLAZA</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>NASHVILLE TN 37203</del>	5.4 CITY-ST-ZIP	
TITLE	<del>S</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FRANCK, JOHN M</del>	6.2 NAME	<b>DUPS</b>
STREET ADDRESS	<del>ONE PARK PLAZA</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>NASHVILLE TN 37203</del>	6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_

CR2E034 (10/97)