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 Apr 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 # 828628 (8)
 1. Corporation Name
 SUN BAY MEDICAL OFFICE BUILDING, INC.

Principal Place of Business: ONE PARK PLAZA, P.O. BOX 740026 ATTN: TAX DEPT., NASHVILLE TN 37203 US

Mailing Address: ATTN: TAX DEPT, P.O. BOX 570, NASHVILLE TN 37202-0570 US



2. Principal Place of Business (21-24)
 2a. Mailing Address (25-29)
 26. PO Box 750
 27. Suite, Apt. #, etc.
 28. Nashville TN
 29. 37203
 30. USA

3. Date Incorporated or Qualified: 09/11/1972
 3a. Date of Last Report: 05/01/1996
 4. FEI Number: 59-1817636
 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

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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	DAVID T. VANDEWATER	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	R. MILTON JOHNSON	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVID C. COLBY	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VPFO	<input type="checkbox"/> DELETE
NAME	GOLBY, DAVID O	
STREET ADDRESS	201 W MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEPHEN T. BRAUN	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARD A. SCHWEINHART	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank II, John M.
3.3 STREET ADDRESS	One Park Plaza
3.4 CITY-ST-ZIP	Nashville, TN 37203
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Elton, Rosalynn
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: [Signature] DATE: 4-1-97

CR2E034 (9/96)