

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 828628
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: **PO BOX 750, NASHVILLE TN 37203 US**

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301**

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 typed or printed name of registered agent and that of applicable officer or director)

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	BOVENDER, JACK O	X DELETE
STREET ADDRESS			ONE PARK PLAZA	
CITY-ST-ZIP			NASHVILLE TN	
TITLE	V	NAME	JOHNSON, R. MILTON	[] DELETE
STREET ADDRESS			ONE PARK PLAZA	
CITY-ST-ZIP			NASHVILLE TN	
TITLE	DVPS	NAME	FRANK, JOHN M II	[] DELETE
STREET ADDRESS			ONE PARK PLAZA	
CITY-ST-ZIP			NASHVILLE TN	
TITLE	DSVA	NAME	DONAHEY, KENNETH	X DELETE
STREET ADDRESS			201 W MAIN STREET	
CITY-ST-ZIP			LOUISVILLE KY	
TITLE	AS	NAME	BLACKWOOD, DORA A	[] DELETE
STREET ADDRESS			ONE PARK PLAZA	
CITY-ST-ZIP			NASHVILLE TN	
TITLE	V	NAME	ELTON, ROSALYN	X DELETE
STREET ADDRESS			ONE PARK PLAZA	
CITY-ST-ZIP			NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[] Change	[] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	DVP	X Change	[] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[] Change	[] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	DVP	[] Change	X Addition
42 NAME	A. Bruce Moore		
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	AS	[] Change	X Addition
52 NAME	David Denson		
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	VP	[] Change	X Addition
62 NAME	Ronald Lee Grubbs		
63 STREET ADDRESS			
64 CITY-ST-ZIP			

FILED
99 APR -2 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **09/11/1972**
4. FEI Number: **59-1817636** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
6. Election Campaign Financing: **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(c) 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, be on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

052000

CR2E034 (11/98)