

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

**FILED**  
**Apr 08 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 # F97000000229 (1)**  
 1. Corporation Name  
**DURHAM MEDICAL OFFICE BUILDING, INC.**



Principal Place of Business <b>3310 WEST END AVE., STE. 400                  NASHVILLE TN 37203</b>	Mailing Address <b>3310 WEST END AVE., STE. 400                  NASHVILLE TN 37203</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3310 WEST END AVENUE</b> Suite, Apt. #, etc. 22 <b>SUITE 700</b> City & State 23 <b>NASHVILLE, TN</b> Zip Country 24 <b>37203</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>3310 WEST END AVENUE</b> Suite, Apt. #, etc. 27 <b>SUITE 700</b> City & State 28 <b>NASHVILLE, TN</b> Zip Country 29 <b>37203</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/13/1997</b>	4. FEI Number <b>62-1617962</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE FL 32301-2525</b>				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 <b>FL</b>			
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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 NAME STREET ADDRESS CITY-ST-ZIP	CP EMERY, DAVID R 3310 WEST END AVE., STE. 400 NASHVILLE TN 37203 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3310 WEST END AVE STE 700 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALLACE, TIMOTHY G 3310 WEST END AVE., STE. 400 NASHVILLE TN 37203 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3310 WEST END AVE STE 700 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEST, ROGER O 3310 WEST END AVE., STE. 400 NASHVILLE TN 37203 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3310 WEST END AVE STE 700 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TODD, RITA H 3310 WEST END AVE., STE. 400 NASHVILLE TN 37203 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3310 WEST END AVE STE 700 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGRECK, FREDRICK M 3310 WEST END AVE., STE. 400 NASHVILLE TN 37203 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3310 WEST END AVE STE 700 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STACH, KENNETH D 3310 WEST END AVE., STE NASHVILLE TN 37203 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRISLER, MICHAEL W. 3310 WEST END AVE., STE. 700 NASHVILLE, TN 37203

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: *Michael W. Crisler* MICHAEL W. CRISLER VICE PRESIDENT 3/31/98 (615) 269-7185

CR2E034 (10/97)