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1997 MAR 25 PM 12: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G55261 (3)**

1. Corporation Name  
**MEDI-HEALTH OF FLORIDA, INC.**

Principal Place of Business <b>3401 WEST END AVENUE, SUITE 700 NASHVILLE TN 37203</b>	Mailing Address <b>PO BOX 1200 NASHVILLE TN 37202</b>
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2. Principal Place of Business 21 <b>3820 State Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Santa Barbara, CA</b> Zip 24 <b>93105</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>c/o Mary H. Yumibe</b> Suite, Apt. #, etc. 27 <b>3820 State Street</b> City & State 28 <b>Santa Barbara, CA</b> Zip 29 <b>93105</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>08/23/1983</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>59-2320784</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **700002123867--3**  
**-03/25/97--01084--027**  
**\*\*\*165.00 \*\*\*165.00**  
84 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOUGH, WILLIAM L</b>		1.2 NAME <b>Michael H. Focht, Sr.</b>	
STREET ADDRESS <b>3401 WEST END AVE, STE 700</b>		1.3 STREET ADDRESS <b>3820 State Street</b>	
CITY-ST-ZIP <b>NASHVILLE TN 37203</b>		1.4 CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DVS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PARR, RICHARD A II</b>		2.2 NAME <b>Scott M. Brown</b>	
STREET ADDRESS <b>3401 WEST END AVENUE SUITE 700</b>		2.3 STREET ADDRESS <b>3820 State Street</b>	
CITY-ST-ZIP <b>NASHVILLE TN</b>		2.4 CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>EVPC</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>EVPCFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PITTS, KEITH B</b>		3.2 NAME <b>Trevor Fetter</b>	
STREET ADDRESS <b>3401 WEST END AVENUE SUITE 700</b>		3.3 STREET ADDRESS <b>3820 State Street</b>	
CITY-ST-ZIP <b>NASHVILLE TN</b>		3.4 CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ABBOTT, KAREN H</b>		4.2 NAME <b>Terence P. McMullen</b>	
STREET ADDRESS <b>3401 WEST END AVENUE SUITE 700</b>		4.3 STREET ADDRESS <b>3820 State Street</b>	
CITY-ST-ZIP <b>NASHVILLE TN</b>		4.4 CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>	
TITLE <b>VS</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SOLTMAN, RONALD P.</b>		5.2 NAME <b>Alan Lundgren</b>	
STREET ADDRESS <b>3401 WEST END AVENUE, SUITE 700</b>		5.3 STREET ADDRESS <b>3820 State Street</b>	
CITY-ST-ZIP <b>NASHVILLE TN</b>		5.4 CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPT</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME <b>TONNIES, RUSSELL F</b>		6.2 NAME	
STREET ADDRESS <b>3401 WEST END AVENUE, SUITE 700</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>NASHVILLE TN</b>		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: *Scott M. Brown* **Scott M. Brown** Secretary *3/13/97* 805/563-7075

CR2E034 (9/96)