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AND
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H23446 (8)

1. Corporation Name
MEDICAL CARE OF BROWARD, INC.

Principal Place of Business Mailing Address

**4525 HARDING RD.
P.O. BOX 24350
NASHVILLE TN 37202-4350
US**

**4525 HARDING RD.
P.O. BOX 24350
NASHVILLE TN 37202-4350
US**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report

10/01/1984 **05/01/1994**

4. FEI Number Applied For / Not Applicable

62-1231470

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

**CT CORPORATION SYSTEM
1200 S. 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

84 City **FL** 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	DONAHEY, KENNETH C.
STREET ADDRESS	4525 HARDING RD.
CITY - ST - ZIP	NASHVILLE TN <i>see attached list</i>
TITLE	V
NAME	FLEETWOOD, JAMES M JR.
STREET ADDRESS	4525 HARDING RD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	VD
NAME	FRANCIS, RICHARD E JR.
STREET ADDRESS	4525 HARDING RD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	S
NAME	WHEELER, PHILIP D
STREET ADDRESS	4525 HARDING RD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	VD
NAME	KOBAN, MICHAEL A., JR.
STREET ADDRESS	4525 HARDING RD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	PD
NAME	CONNERY, JR., W. HUDSON
STREET ADDRESS	4525 HARDING RD.
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip D. Wheeler Philip D. Wheeler 4/18/95 615/298-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Agent #

H23416

MEDICAL CARE OF BROWARD, INC.

OFFICERS:

- 6 President: W. Hudson Connery, Jr. PD
- 3 Vice-President: Richard E. Francis, Jr. VP
- Vice-President and
- 5 Asst. Treasurer: Michael A. Koban, Jr. (VP)
- 1 Vice-President: Kenneth C. Donahy
- 2 Vice-President: James M. Fleetwood, Jr.
- Vice-President: Herbert T. Williams
- Vice-President: R. Milton Johnson
- Vice-President and
- Treasurer: Glenn D. Davis
- 4 Secretary: Philip D. Wheeler
- Asst. Secretary: Linn H. McCain, III
- Asst. Secretary: Michelle B. Rutta
- Asst. Secretary: Diane A. Sheffield
- Asst. Secretary: Donald Street
- Asst. Secretary: Julia A. Trottier

DIRECTORS:

- Yolanda D. Chesley
- Glenn D. Davis
- R. Milton Johnson

ADDRESS

4525 Harding Road
Nashville, TN 37205