

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H23446** (8)

1. Corporation Name  
**MEDICAL CARE OF BROWARD, INC.**



Principal Place of Business: **4525 HARDING RD. P.O. BOX 24350 NASHVILLE TN 37202-4350 US**  
 Mailing Address: **4525 HARDING RD. P.O. BOX 24350 NASHVILLE TN 37202-4350 US**

3. Date Incorporated or Qualified: **10/01/1984**  
 3a. Date of Last Report: **04/19/1995**  
 4. FEI Number: **62-1231470**  
 Applied For:  Not Applicable  
 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

2. Principal Place of Business: **ONE PARK PLAZA**  
 Suite, Apt. #, etc.:  
 22. City & State: **NASHVILLE, TN**  
 Zip: **37203** Country: **US**  
 2a. Mailing Address: **PO Box 570**  
 Suite, Apt. #, etc.: **PHO. Tax Dept.**  
 27. City & State: **Nashville, TN**  
 Zip: **37202** Country:

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: **100001818111**  
 82. Street Address (P.O. Box only if applicable): **-05715/36--01027--012**  
 83. **\*\*\*200.00**  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>WILLIAMS, HERBERT T.</b>	
STREET ADDRESS: <b>4525 HARDING RD.</b>	
CITY-ST-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE
NAME: <b>JOHNSON, R. MILTON</b>	
STREET ADDRESS: <b>4525 HARDING RD.</b>	
CITY-ST-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>DAVIS, GLENN D.</b>	
STREET ADDRESS: <b>4525 HARDING RD.</b>	
CITY-ST-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>CHESLEY, YOLANDA D.</b>	
STREET ADDRESS: <b>4525 HARDING RD.</b>	
CITY-ST-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>STREET, DONALD</b>	
STREET ADDRESS: <b>4525 HARDING RD.</b>	
CITY-ST-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>SHEFFIELD, DIANE A.</b>	
STREET ADDRESS: <b>4525 HARDING RD.</b>	
CITY-ST-ZIP: <b>NASHVILLE TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>P Daniel Moon</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME: <b>7975 NW 15th St, #400A</b>	
13. STREET ADDRESS: <b>Miami Lakes FL 33016</b>	
14. CITY-ST-ZIP: <b>FL</b>	
2. TITLE: <b>VP/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: <b>Stephen T. Braun</b>	
23. STREET ADDRESS: <b>One Park Plaza</b>	
24. CITY-ST-ZIP: <b>Nashville TN 37203</b>	
3. TITLE: <b>VP/AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME: <b>Stephen T. Braun</b>	
33. STREET ADDRESS: <b>One Park Plaza</b>	
34. CITY-ST-ZIP: <b>Nashville TN 37203</b>	
4. TITLE: <b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME: <b>David Colby</b>	
43. STREET ADDRESS: <b>One Park Plaza</b>	
44. CITY-ST-ZIP: <b>Nashville TN 37203</b>	
5. TITLE: <b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME: <b>Richard Schweinhart</b>	
53. STREET ADDRESS: <b>One Park Plaza</b>	
54. CITY-ST-ZIP: <b>Nashville TN 37203</b>	
6. TITLE: <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME: <b>John M. Franck</b>	
63. STREET ADDRESS: <b>One Park Plaza</b>	
64. CITY-ST-ZIP: <b>Nashville TN 37203</b>	

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 119.07(3)(k), 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: **R. Milton Johnson** **Milton Johnson** 4-6-96 (615) 327-9551  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)