

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H93524 (7)

1. Corporation Name
HCA PHYSICIAN SERVICES OF TAMARAC, INC.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37200 US	Mailing Address P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202-0570 US
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3. Date Incorporated or Qualified 01/09/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 62-1278428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address PO Box 750	27. Suite, Apt. #, etc.	28. City & State Nashville TN	29. Zip	30. Country
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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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

TITLE	P <input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J.
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN
CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN
CITY - ST - ZIP	
TITLE	DVT <input type="checkbox"/> DELETE
NAME	COLBY, DAVID G.
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN
CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE
NAME	MOORE, JOSEPH D.
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN
CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	JOHN M. FRANCK
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN
CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE
NAME	R. MILTON JOHNSON
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vandewater, David
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donahay, Kenneth
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* Date: **4-10-97** Daytime Phone # _____

CR2E034 (9/96)