

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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P08945 (8)**

1. Corporation Name  
**DIABETES TREATMENT CENTERS OF AMERICA, INC.**

Principal Place of Business      Mailing Address

**ONE BURTON HILLS BLVD.  
NASHVILLE TN 37215-6104  
US**

**ONE BURTON HILLS BLVD.  
NASHVILLE TN 37215-6104  
US**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      County      Zip      County

24      25      29      30

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

**02/04/1986**      **05/01/1994**

4. FEI Number      Applied For

**62-1216689**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fos Required**

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEAL, JAMES A
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	CONRAD, MICHAEL L.
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	TVSD
NAME	HERR, HENRY D
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	STONE, ROBERT E
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	SAMPLES, STEPHEN G.
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY - ST - ZIP	NASHVILLE TN
TITLE	D
NAME	CIGARRAN, THOMAS G
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY - ST - ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(4), 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: Henry D. Herr      **VP, Sect. & Treas.**      **April 19, 1995**      **615-665-1133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone No.

