

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified 02/04/1986	3a. Date of Last Report 04/27/1995
4. FEI Number 62-1216689	Applied For 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	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
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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 by reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
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 type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
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 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: *Henry D. Herr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, Sect. & Treas.
Henry D. Herr

615-665-1133
Dorinda P. ...

CR2E034 (12/95)

