

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P08945 (8)**  
 1. Corporation Name  
**DIABETES TREATMENT CENTERS OF AMERICA, INC.**



Principal Place of Business <b>ONE BURTON HILLS BLVD. NASHVILLE TN 37215-6104 US</b>	Mailing Address <b>ONE BURTON HILLS BLVD. NASHVILLE TN 37215-6104 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>02/04/1986</b>	
<b>4.</b> FEI Number <b>62-1216689</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DEAL, JAMES A</b>
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CONRAD, MICHAEL L.</b>
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>TVSD</b> <input type="checkbox"/> DELETE
NAME	<b>HERR, HENRY D</b>
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>STONE, ROBERT E</b>
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SAMPLES, STEPHEN G.</b>
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CIGARRAN, THOMAS G</b>
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>

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	
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 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: *A. A. New* VP Sec & Treas 4-28-98 615-665-1133

CFR2E034 (10/97)

DIABETES TREATMENT CENTERS OF AMERICA, INC.  
F.E.I.N. 62-1216689

VICE PRESIDENTS:

KATHRYN J. KIRK	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
DANA C. WILLIAMS	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
MARY D. HUNTER	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
PHILIP R. STUART	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
BEN R. LEEDLE	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
WILLIAM G. MOORE	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
JOSEPH F. OREFICE, JR.	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
PATTY M. ORR	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
RITA R. SAILER	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
RICHARD C. BAILEY	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
BETTYE L. FINLEY	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
EMILY N. COOK	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104
DAVID K. WATSON	ONE BURTON HILLS BLVD.	NASHVILLE, TN	37215-6104