

**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 # **P94000038724 (8)**

1. Corporation Name

**GATEWAY MEDICAL SERVICES ORGANIZATION, INC.**



Principal Place of Business

Mailing Address

ONE PARK PLAZA  
NASHVILLE TN 37203

P.O. BOX 570  
NASHVILLE TN 37202-0570

3. Date Incorporated or Qualified  
**05/20/1994**

3a. Date of Last Report  
**10/20/1995**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
**65-1571447**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

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

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNERY, W. HUDSON	1.2 NAME	DANIEL MOEN
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203	1.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS, RICHARD E JR.	2.2 NAME	STEPHEN T. BRAUN
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203	2.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOBAN, MICHAEL A	3.2 NAME	DAVID C. COLBY
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203	3.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONAHEY, KENNETH C	4.2 NAME	RICHARD A. SCHWIMMERT
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEETWOOD, JAMES M JR	5.2 NAME	JOHN H. FRANK
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	6.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	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: *R. Milton Johnson*

R. MILTON JOHNSON

(615) 327-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)