

**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 # **P95000070912 (7)**

1. Corporation Name

**ONESOURCE HEALTH NETWORK OF SOUTH FLORIDA, INC.**



Principal Place of Business

**ONE PARK PLAZA  
NASHVILLE TN 37203**

Mailing Address

**ONE PARK PLAZA  
NASHVILLE TN 37203**

3. Date Incorporated or Qualified  
**09/14/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **P.O. Box 570**

27 Suite, Apt. #, etc.

**Attn: Tax Dept.**

28 City & State

**Nashville, TN**

29 Zip

**37202**

30 Country

**US**

4. FEI Number

**62-1618477**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**00001818120**

83

**-05/13/96--01027--021**

84 City

**\*\*\*200.00**

**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 the applicant

2001 Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	BRAUN, STEPHEN T	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
D	COLBY, DAVID C	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
D	SCHWEINHART, RICHARD A	ONE PARK PLAZA	NASHVILLE TN 37203	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V/AS/D	Braun, Stephen T	One Park Plaza	Nashville, TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/T/D	Colby, David C.	One Park Plaza	Nashville, TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	Schweinhart, Richard A.	One Park Plaza	Nashville, TN 37203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Moen, Daniel J.	7975 NW 154th St. #400A	Miami Lakes, FL 33016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Franck, John M	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Johnson, R. Milton	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 3/29/96 (615)327-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)