

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P O BOX 750 NASHVILLE TN 37202 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 62-1618477	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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)			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	WSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (10/97)
NAME	BRAUN, STEPHEN T		1.2 NAME	Blackwood, Dora A.			
STREET ADDRESS	ONE PARK PLAZA		1.3 STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE TN 37203		1.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	DSVAT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DONAHEY, KENNETH		2.2 NAME				
STREET ADDRESS	ONE PARK PLAZA		2.3 STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ELTON, ROSALYN		3.2 NAME				
STREET ADDRESS	ONE PARK PLAZA		3.3 STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FLEETWOOD, JIM		4.2 NAME				
STREET ADDRESS	7975 NW 154TH ST. #400 A		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRANCK, JOHN M		5.2 NAME				
STREET ADDRESS	ONE PARK PLAZA		5.3 STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE TN 37203		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, MILTON R		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 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: *Don A. Blackwood* Date: **4-23-98**