

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

**FILED**

**Mar 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000043509 (4)**

1. Corporation Name:  
**NORTH FLORIDA PHYSICIAN SERVICES, INC.**



Principal Place of Business: **ONE PARK PLAZA  
NASHVILLE TN 37203**  
Mailing Address: **ONE PARK PLAZA  
NASHVILLE TN 37203**

3. Date Incorporated or Qualified: **05/21/1996** 3a. Date of Last Report  
4. FEI Number: **62-1641039** 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

2. Principal Place of Business: 2a. Mailing Address  
21 Suite, Apt. #, etc.: 26 **P.O. Box 750**  
22 City & State: 27 **Nashville, TN**  
23 Zip: 28 **37202** Country: 30 **USA**  
24 Country: 25 Country: 29

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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

TITLE	<b>D/SVP/AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, STEPHEN T</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
TITLE	<b>D/SVP/AT</b>	<input type="checkbox"/> DELETE
NAME	<b>DONAHEY, KENNETH C</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
TITLE	<b>D/VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ELTON, ROSALYN S</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37203</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>John M. Franck II</b>
4.3 STREET ADDRESS	<b>One Park Plaza</b>
4.4 CITY - ST - ZIP	<b>Nashville, TN 37203</b>
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 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: *John M. Franck II* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John M. Franck II** Date: **6/15/344-2874** (Type Phone #)  
0827436

CR2E034 (9/96)

July 15, 1996

**OFFICERS AND DIRECTORS  
OF  
NORTH FLORIDA PHYSICIAN SERVICES, INC.**

Jim Fleetwood	President	7975 NW 154th Street, #400A Miami Lakes, FL 33016
*Stephen T. Braun	Senior Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
*Kenneth C. Donahey	Senior Vice President and Assistant Treasurer	One Park Plaza Nashville, TN 37203
John Kausch	Senior Vice President	2000 Main Street, Ste. 6000 Ft. Myers, FL 33901
Joseph D. Moore	Senior Vice President	One Park Plaza Nashville, TN 37203
Richard A. Schweinhart	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Assistant Treasurer	One Park Plaza Nashville, TN 37203
David T. Bradford	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Bettye D. Daugherty	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
*Rosalyn S. Elton	Vice President	One Park Plaza Nashville, TN 37203
James D. Hinton	Vice President	1401 Mitchell Avenue Jeffersonville, IN 47131
Dan Slipkovich	Vice President	7975 NW 154th Street, #400A Miami Lakes, FL 33016
R. Milton Johnson	Vice President	One Park Plaza Nashville, TN 37203
David J. Malone, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Rachel A. Seifert	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Michael Neeb	Vice President	2000 Main Street, Ste. 6000 Ft. Myers, FL 33901
John M. Franck	Secretary	One Park Plaza Nashville, TN 37203

**\*Directors (Florida)**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.