

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90312 032 \*\*\*150.00

NR12104 AV

**DOCUMENT # P96000043509**

1. Entity Name  
**NORTH FLORIDA PHYSICIAN SERVICES, INC.**



Principal Place of Business  
**ONE PARK PLAZA  
NASHVILLE TN 37203**

Mailing Address  
**PO BOX 750  
NASHVILLE TN 37202  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **62-1641039** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <del>AS</del>	<input type="checkbox"/> Delete	NAME <b>BLACKWOOD, DORA A</b>	STREET ADDRESS <b>ONE PARK PLAZA</b>	CITY-ST-ZIP <b>NASHVILLE TN</b>
TITLE <del>AS</del>	<input type="checkbox"/> Delete	NAME <b>DENSON, DAVID L</b>	STREET ADDRESS <b>ONE PARK PLAZA</b>	CITY-ST-ZIP <b>NASHVILLE TN 37203</b>
TITLE <del>DVP</del>	<input type="checkbox"/> Delete	NAME <b>JOHNSON, R. MILTON</b>	STREET ADDRESS <b>ONE PARK PLAZA</b>	CITY-ST-ZIP <b>NASHVILLE TN 37203</b>
TITLE <del>DVPS</del>	<input type="checkbox"/> Delete	NAME <del>FRANCK, JOHN M III</del>	STREET ADDRESS <b>ONE PARK PLAZA</b>	CITY-ST-ZIP <b>NASHVILLE TN</b>
TITLE <del>DP</del>	<input type="checkbox"/> Delete	NAME <del>MOORE, A-BRUCE</del>	STREET ADDRESS <b>ONE PARK PLAZA</b>	CITY-ST-ZIP <b>NASHVILLE TN 37203</b>
TITLE <del>VP</del>	<input type="checkbox"/> Delete	NAME <del>GRUBBS, RONALD LEE</del>	STREET ADDRESS <b>ONE PARK PLAZA</b>	CITY-ST-ZIP <b>NASHVILLE TN 37203</b>

TITLE <b>VPAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>VPAS</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>VPAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>VPAS</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>JOHN M. FRANK II</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>A. BRUCE MOORE, JR</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>RONALD LEE GRUBBS, JR</b>	STREET ADDRESS	CITY-ST-ZIP <b>SEE ATTACHED LIST</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ DATE: **4-22-03** 615/344-2162

CR2E034 (10/02)

Attachment

90113901

P96000043509

December 17, 2002

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

<b>* A. Bruce Moore, Jr.</b>	<b>President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Robert A. Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
David L. Denson	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
<b>* John M. Franck II</b>	<b>Vice President and Secretary</b>	<b>One Park Plaza Nashville, TN 37203</b>
V. Carl George	Vice President	One Park Plaza Nashville, TN 37203
Tom C. Gormley	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs Jr.	Vice President	One Park Plaza Nashville, TN 37203
<b>* R. Milton Johnson</b>	<b>Vice President</b>	<b>One Park Plaza Nashville, TN 37203</b>
Dwight E. Long	Vice President	One Park Plaza Nashville, TN 37203
Howard K. Patterson	Vice President	One Park Plaza Nashville, TN 37203
Cathryn Long Sowers	Vice President	One Park Plaza Nashville, TN 37203
Christopher Gentile	Assistant Secretary	One Park Plaza Nashville, TN 37203
Joseph Stephen Haase	Assistant Secretary	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203

Attachment  
90113901  
D016000043509

Lisa Marie Meister

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Robert Jerome Nevens

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

Kenneth Kurt Roth

Assistant Secretary

One Park Plaza  
Nashville, TN 37203

**\*Directors**  
(Florida)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Corporation, are hereby authorized to, subject to the Corporation's policies and procedures, (a) manage the facilities and all employees and agents of the Corporation at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Corporation entered into pursuant to the Corporation's policies and procedures), 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.