

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

FILED
Apr 29 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 # P96000101162 (1)
 1. Corporation Name
COLUMBIA-OSCEOLA IMAGING CENTER, INC.



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		62-1668390	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYS ST 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	B	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	AS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONAHEY, KENNETH C			2.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			2.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELTON, ROSALYN S			3.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			3.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCK, JOHN M II			4.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			4.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* 4/11/98

CR2E034 (10/97)