

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030015 (6)
 1. Corporation Name
SOUTH BROWARD PRACTICES, INC.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203	Mailing Address ONE PARK PLAZA NASHVILLE TN 37203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Applied For	26 Not Applicable
27		28		4. FEI Number 62-169049	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		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 TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 BRAUN, STEPHEN T. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVS Franck, John M. II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE PARK PLAZA	1.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	B DONAHEY, KENNETH C <input type="checkbox"/> DELETE	2.1 TITLE	DSIAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	2.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	B ELTON, ROSALYN S <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	3.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V Johnson, Milton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AS Blackwood, Dora A. <input type="checkbox"/> Change <input checked="" 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: *Dora A. Blackwood* 4-23-98

CR2E034 (10/97)