

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

FILED

SEP 18 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0563816

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000048450**

1. Corporation Name
CENTRAL FLORIDA DIVISION PRACTICE, INC.

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

Mailing Address
**1 PARK PLAZA
NASHVILLE TN 37203**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEMS, INC
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DVSP	<input type="checkbox"/> DELETE
NAME	FRANCK, JOHN M II	
STREET ADDRESS	1 PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONAHEY, KENNETH C	
STREET ADDRESS	1 PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELTON, ROSALYN S	
STREET ADDRESS	1 PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PL	
CITY-ST-ZIP	NASHVILLE FL 37203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, R M	
STREET ADDRESS	ONE PARK PL	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DVP A. Bruce Moore	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	AS David L. Danson	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DVP	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	VP Ronald Lee Grubbs	
63 STREET ADDRESS	One Park Plaza	
64 CITY-ST-ZIP	Nashville TN 37203	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1997

4. FEI Number
62-1695293

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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent



400002820794--8
-03/26/99--01124--007
****150.00 ****150.00

CR2E034 (11/98)

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, with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

oo