

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90072 019 ***150.00

DOCUMENT # P97000049298

1. Entity Name
SOUTH FLORIDA DIVISION PRACTICE, INC.

Principal Place of Business 1 PARK PLAZA NASHVILLE TN 37203	Mailing Address 1 PARK PLAZA NASHVILLE TN 37203
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00028383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 62-1695267		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRINNEY, JAY			NAME			
STREET ADDRESS	1 PARK PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, VICTOR L			NAME			
STREET ADDRESS	1 PARK PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATERMAN, ROBERT			NAME			
STREET ADDRESS	1 PARK PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, DAVID G			NAME			
STREET ADDRESS	ONE PARK PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACKWOOD, DORA A			NAME			
STREET ADDRESS	ONE PARK PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE FL 37203			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENSON, DAVID L			NAME			
STREET ADDRESS	1 PARK PLAZA			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Denson*
David Denson
Assistant Secretary

Date: **3-9-01** Daytime Phone #: **(615) 344-2575**

CR2E034 (10/00)