

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043509

Entity Name: NORTH FLORIDA PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

FEI Number: 62-1641039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VPS	Title	VP
Name	CLINE, NATALIE H.	Name	GRUBBS, RONALD L JR.
Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203
Title	DSVP	Title	DVPA
Name	WYATT, CHRISTOPHER F	Name	FRANCK, JOHN M II
Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203
Title	DP	Title	SVPT
Name	HAZEN, SAMUEL N	Name	ANDERSON, DAVID G
Address	ONE PARK PLAZA	Address	ONE PARK PLAZA
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE H. CLINE

VPS

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date