

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 500408 (0)

1. Corporation Name

PULMONARY CARE SERVICES, INC.



Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37023  
US

Mailing Address

PO BOX 570  
ATTN: TAX DEPT.  
NASHVILLE TN 37202  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
04/05/1976

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1691871

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MOEN, DANIEL J  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE DSVP  
NAME BRAN, STEPHEN T  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE SVPD  
NAME SCHWEINHART, RICHARD A  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE DSVP  
NAME COLBY, DAVID C  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE VPF  
NAME GRECO, SAMUEL A  
STREET ADDRESS 201 W MAIN STREET  
CITY-ST-ZIP LOUISVILLE KY ☒ DELETE

TITLE VAS  
NAME SEIFERT, RACHEL A  
STREET ADDRESS 777 MAIN STR, STE 2100  
CITY-ST-ZIP FT WORTH TX ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Same

2.3 STREET ADDRESS Same

2.4 CITY-ST-ZIP Same

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Vice President

5.3 STREET ADDRESS R. Milton Johnson

5.4 CITY-ST-ZIP One Park Plaza

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Same

6.3 STREET ADDRESS One Park Plaza

6.4 CITY-ST-ZIP Nashville, TN

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

R. Milton Johnson Vice President Tax

3/29/96

(615) 327-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)