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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 37202-0570
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 PO Box 750

Suite, Apt. #, etc.

27 City & State

28 Nashville TN

Zip

29 37202

Country

30 USA

3. Date Incorporated or Qualified

04/05/1976

3a. Date of Last Report

05/01/1996

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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DSVP	DELETE
NAME	BRIAN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	SVPO	DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	DSVP	DELETE
NAME	GOLBY, DAVID G	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	VP	DELETE
NAME	R. MILTON JOHNSON	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	VAS	DELETE
NAME	SEIFERT, RACHEL A	
STREET ADDRESS	ONE PARK PLAZA	
CITY - ST - ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	Change	Addition
1.2 NAME	Frank II, John M		
1.3 STREET ADDRESS	One Park Plaza		
1.4 CITY - ST - ZIP	Nashville, TN 37203		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change	Addition
3.2 NAME	Doherty, Kenneth		
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	DVP	Change	Addition
4.2 NAME	Elton, Rosalyn		
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)