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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

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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 PO Box 750
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	BRUAN, STEPHEN T.	
STREET ADDRESS	ONEPARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	SVPO	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	GOLBY, DAVID G	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	R. MILTON JOHNSON	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	VAS	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doherty, Kenneth	
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elton, Rosalyn	
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/20/97

CR2E034 (9/96)