

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001488061
-05/16/95--01011--012
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 527576

1. Corporation Name

Bromberg Physician Corporation

Principal Place of Business

Mailing Address

9555 Seminole Blvd.
Seminole FL 34642

155 Franklin Rd, #400
Brentwood, TN 37027

3. Date Incorporated or Qualified

3. Date of Last Report

3-10-77

4. FEI Number

59-1725792

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

100001488061

84 City

-05/16/95--01011--012

*****8.75 *****8.75

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 *Sandra B. Martin, as agent*

5-10-95

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
P
E. Thomas Chaney
3707 FM 1960 West, Suite 500
Houston TX 77068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
D/ST.V.P.
Tyree G. Wilburn
155 Franklin Rd, Suite 400
Brentwood TN 37027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition
D/VP/T
Deborah G. Moffett
3707 FM 1960 West, Suite 500
Houston TX 77068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition
D/VP/Controller
T. Mark Buford
3707 FM 1960 West, Suite 500
Brentwood TN 37027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition
Sr. VP
Martin S. Rash
155 Franklin Rd, Suite 400
Brentwood TN 37027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition
VP
H. David Holbrook
155 Franklin Rd, Suite 400
Brentwood TN 37027

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 110.07(3)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Sara Martin-Michels*

5-8-95 615-377-4532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara Martin-Michels, Assistant Secretary

BROMBERG PHYSICIAN CORPORATION**EIN: 59-1725792****13. Additional Officers:**

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Emil P. Miller	Vice President	155 Franklin Road, #400 Brentwood, TN 37027
Linda K. Parsons	Secretary	155 Franklin Road, # 400 Brentwood, TN 37027
Sara Martin-Michels	Assistant Secretary	155 Franklin Road, # 400 Brentwood, TN 37027
J. Anthony Van Slyke	Asst Sec & Asst Treas	3707 FM 1960 West, # 500 Houston, TX 77068