

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 603332 (8)**  
 1. Corporation Name  
**ST. PETERSBURG MEDICAL CLINIC, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1099 5TH AVENUE<br/>ST. PETERSBURG FL 33705</b> | Mailing Address<br><b>1099 5TH AVENUE<br/>ST. PETERSBURG FL 33705</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |             |                         |             |   |                               |
|--------------------------------|-------------|-------------------------|-------------|---|-------------------------------|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br><b>04/12/1957</b>  |                               |
| 21                             |             | 26                      |             | 4. FEI Number<br><b>59-0706248</b>  | Applied For<br>Not Applicable |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                               |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                               |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |

|   |  |  |  |  |              |
|---|--|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent<br><b>ROHR, MICHAEL<br/>1099 5TH AVENUE NORTH<br/>ST. PETERSBURG FL 33705</b> |  |  |  | 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) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <b>CFO</b>                      | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>DRISCOLL, KEVIN D</b>        | 1.2 NAME  | <b>See Attached Schedule of Officers and Directors</b>                                  |
| STREET ADDRESS             | <b>1099 5TH AVENUE</b>          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33705</b>  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I 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 *Monte S. Frankfield* *4/28/98*

CR2E034 (10/97)

**ST. PETERSBURG MEDICAL CLINIC, INC.**

**Directors:**

Joseph C. Hutts  
Thompson S. Dent  
Derril W. Reeves  
Richard D. Wright

**Officers:**

|                     |   |
|---------------------|---|
| Joseph C. Hutts     | Chairman of the Board, President, Chief Executive Officer and Assistant Secretary |
| Derril W. Reeves    | Executive Vice President and Assistant Secretary                                  |
| Thompson S. Dent    | Executive Vice President and Secretary  |
| Richard D. Wright   | Executive Vice President and Assistant Secretary                                  |
| John K. Crawford    | Executive Vice President and Assistant Secretary                                  |
| Monte Frankenfield  | Vice President and Assistant Secretary  |
| N. Carolyn Forehand | Vice President, General Counsel and Assistant Secretary                           |
| Oliver Rogers       | Vice President, Operations and Assistant Secretary                                |
| Henry E. Ross       | Vice President, Operations and Assistant Secretary                                |
| Gary Van House      | Vice President, Operations and Assistant Secretary                                |
| Michael Rohr        | Vice President, Executive Director and Assistant Secretary                        |
| Jon M. Sundock      | Vice President and Assistant Secretary  |
| R. Douglas Mefford  | Assistant Secretary   |

**The business address for the above directors and officers is:**

**30 Burton Hills Boulevard, Suite 400  
Nashville, Tennessee 37215**