

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 # 667528
1. Corporation Name: Gulf Coast Family Physicians of S.W. Florida, Inc.



Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	One Park Plaza	26	P.O. Box 570	5-1-80	5-1-95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27	Attn: Tax Dept	59-1990021	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Nashville, TN	28	Nashville, TN	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 37203	25	Country US	29	37202
30	Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
The Prentice-Hall Corporation System, Inc.				81 Name			
1201 Hays Street				82 Street Address (P.O. Box Number is Not Acceptable)			
Tallahassee, FL 32301				83			
				84 City			
				600001870616			
				-06/21/96--01008--023			
				FL 85 Zip Code			
				***200.00			

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: Kelly A. Howley Kelly A. Howley, Asst. Sec. DATE: 6/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Daniel Moen
STREET ADDRESS		1.3 STREET ADDRESS	7975 NW 154th St., # 400A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Stephen T. Braun
STREET ADDRESS		2.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	David C. Colby
STREET ADDRESS		3.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Richard A. Schweinhart
STREET ADDRESS		4.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	R. Milton Johnson
STREET ADDRESS		5.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	John M. Franck
STREET ADDRESS		6.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Nashville, TN 37203

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-2-96