

**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 # 824217 (4)**

1. Corporation Name

**AMERICAN MEDICORP DEVELOPMENT CO.**



Principal Place of Business

Mailing Address

**ONE PARK PLACE  
P.O. BOX 740028 ATTN: TAX DEPT.  
NASHVILLE TN 37203  
US**

**ATTN: TAX DEPT.  
P.O. BOX 570  
NASHVILLE TN 37202  
US**

3. Date Incorporated or Qualified  
**03/10/1970**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**23-1696018**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	VANDEWATER, DAVID T.	
STREET ADDRESS	ONE PAR PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, DAVID R.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	BUSBY, LONNIE L.	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JOHN M. FRANCK II</b>
3.3 STREET ADDRESS	<b>ONE PARK PLAZA</b>
3.4 CITY-ST-ZIP	<b>NASHVILLE, TN 37203</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>R. MILTON JOHNSON</b>
5.3 STREET ADDRESS	<b>ONE PARK PLAZA</b>
5.4 CITY-ST-ZIP	<b>NASHVILLE, TN 37203</b>
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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*R. Milton Johnson*

**R. MILTON JOHNSON**

**(615) 827-9551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #