

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

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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
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DOCUMENT # 824217 (4)
1. Corporation Name
AMERICAN MEDICORP DEVELOPMENT CO.



Principal Place of Business ONE PARK PLACE P.O. BOX 740026 ATTN: TAX DEPT. NASHVILLE TN 37203 US	Mailing Address -ATTN: TAX DEPT.- P.O. BOX 570- NASHVILLE TN 37202-0570- US
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3. Date Incorporated or Qualified 03/10/1970	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 750
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Nashville TN
24 Zip	29 37202
25 Country	30 USA

4. FEI Number 23-1696018	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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	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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEWATER, DAVID T.	1.2 NAME	
STREET ADDRESS	ONE PAR PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	1.4 CITY - ST - ZIP	
TITLE	EV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOEN, DANIEL J.	2.2 NAME	Vandewater, David
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M FRANCK II	3.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	4.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. MILTON JOHNSON	5.2 NAME	
STREET ADDRESS	ONE PARK PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	5.4 CITY - ST - ZIP	
TITLE	SV <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLBY, DAVID	6.2 NAME	Donahay, Kenneth
STREET ADDRESS	ONE PARK PLACE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	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: *David* _____ DATE: **4-10-97** _____ DAYTIME PHONE: _____

CR2E034 (9/96)