

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93967** (0)

1. Corporation Name
DOCTORS OSTEOPATHIC MEDICAL CENTER, INC.



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**
Mailing Address: **P.O. BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **08/10/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2209299**
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MOEN, DANIE J. | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY - ST - ZIP | NASHVILLE TN | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | SCOTT, RICHARD L | |
| STREET ADDRESS | 201 W MAIN ST | |
| CITY - ST - ZIP | LOUISVILLE KY | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SCHWEINHART, RICHARD A | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY - ST - ZIP | NASHVILLE TN | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | GRECO, SAMUEL A | |
| STREET ADDRESS | 201 W MAIN ST | |
| CITY - ST - ZIP | LOUISVILLE KY | |
| TITLE | DVAS | <input type="checkbox"/> DELETE |
| NAME | BRAUN, STEPHEN T | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY - ST - ZIP | NASHVILLE TN | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | COLBY, DAVID C | |
| STREET ADDRESS | 201 W MAIN ST | |
| CITY - ST - ZIP | LOUISVILLE KY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 7915 NW 154th St, #400A |
| 1.4 CITY - ST - ZIP | Miami Lakes, FL 33016 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Milton Johnson |
| 2.3 STREET ADDRESS | One Park Plaza |
| 2.4 CITY - ST - ZIP | Nashville TN 37203 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | John M. Franck |
| 3.3 STREET ADDRESS | One Park Plaza |
| 3.4 CITY - ST - ZIP | Nashville TN 37203 |
| 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 type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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: John Franck per Franck 3-29-96 (615)327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)