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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 3720570, US

3. Date Incorporated or Qualified: 08/10/1982  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 PO Box 750; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country  
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 [X] No [ ]

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; 83; 84 City; 85 Zip Code (FL)

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 MOEN, DANIE J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7975 NW 154TH STREET, #400A	1.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V MILTON JOHNSON <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	2.2 NAME	
STREET ADDRESS	NASHVILLE TN	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD <del>SCHWEINHART, RICHARD A</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	3.2 NAME	Donahay, Kenneth
STREET ADDRESS	NASHVILLE TN	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S JOHN M FRANCK <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	4.2 NAME	
STREET ADDRESS	NASHVILLE TN	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	DVAS BRAUN, STEPHEN T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	5.2 NAME	
STREET ADDRESS	NASHVILLE TN	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	DVT <del>GOLBY, DAVID O</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 W MAIN ST	6.2 NAME	Elton, Rosalyn
STREET ADDRESS	LOUISVILLE KY	6.3 STREET ADDRESS	
CITY - ST - ZIP		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: \_\_\_\_\_ DATE: 4-1-97 DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)