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 # **H23446** **(8)**

1. Corporation Name
MEDICAL CARE OF BROWARD, INC.

Principal Place of Business
4525 HARDING RD.
P.O. BOX 24350
NASHVILLE TN 37202-4350
US

Mailing Address
4525 HARDING RD.
P.O. BOX 24350
NASHVILLE TN 37202-4350
US

3. Date Incorporated or Qualified: 10/01/1984
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 ONE PARK PLAZA
Suite, Apt. #, etc. 22
City & State 23 Nashville, TN
Zip 24 37203 Country 25 US

2a. Mailing Address
26 PO Box 570
Suite, Apt. #, etc 27 Admin. Tax Dept.
City & State 28 Nashville, TN
Zip 29 37202- Country 30

4. FEI Number: 62-1231470 — 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

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 Numbers Are Not Acceptable)
83
84 City — 85 Zip Code

100001818111
-05/13/96--01027--012
***200.00

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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☒ DELETE
NAME	WILLIAMS, HERBERT T.	
STREET ADDRESS	4525 HARDING RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	☐ DELETE
NAME	JOHNSON, R. MILTON	
STREET ADDRESS	4525 HARDING RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VT	☒ DELETE
NAME	DAVIS, GLENN D.	
STREET ADDRESS	4525 HARDING RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	☒ DELETE
NAME	CHESLEY, YOLANDA D.	
STREET ADDRESS	4525 HARDING RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	☒ DELETE
NAME	STREET, DONALD	
STREET ADDRESS	4525 HARDING RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	☒ DELETE
NAME	SHEFFIELD, DIANE A.	
STREET ADDRESS	4525 HARDING RD.	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Daniel Moon	
1.3 STREET ADDRESS	7975 NW 154th St, #400A	
1.4 CITY-ST-ZIP	Miami Lakes FL 33016	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	One Park Plaza	
2.4 CITY-ST-ZIP	Nashville TN 37203	
3.1 TITLE	VP/AS	☐ Change ☒ Addition
3.2 NAME	Stephen T. Braun	
3.3 STREET ADDRESS	One Park Plaza	
3.4 CITY-ST-ZIP	Nashville TN 37203	
4.1 TITLE	VP/D	☐ Change ☒ Addition
4.2 NAME	David Colley	
4.3 STREET ADDRESS	One Park Plaza	
4.4 CITY-ST-ZIP	Nashville TN 37203	
5.1 TITLE	VP/D	☐ Change ☒ Addition
5.2 NAME	Richard Schweinhart	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY-ST-ZIP	Nashville TN 37203	
6.1 TITLE	S	☐ Change ☒ Addition
6.2 NAME	John M. Franck	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY-ST-ZIP	Nashville TN 37203	

S-P-R

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 — Milton Johnson — 4-6-96 — (615) 327-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)