

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

FILED

May 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
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DOCUMENT # **P03141** (9)
1. Corporation Name
MEDICAL SPECIALTIES, INC.



Principal Place of Business
**ONE PARK PLAZA
P.O. BOX 740026 ATTN: TAX DEPT.
NASHVILLE TN 37203
US**

Mailing Address
**P.O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202-0570
US**

3. Date Incorporated or Qualified 08/24/1984	3a. Date of Last Report 04/26/1996
4. FEI Number 61-1056859	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. PO Box 750
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. Nashville TN
25. Country	29. 37202
	30. USA

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
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 PARK PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN T.	2.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, DAVID C.	3.2 NAME	Donahay, Kenneth
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A	4.2 NAME	Eaton, Rosalyn
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	5.2 NAME	
STREET ADDRESS	ONE PARK PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Frank H. John M.
STREET ADDRESS		6.3 STREET ADDRESS	One Park Plaza
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Nashville TN 37203

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: **4/10/97**