0523112

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03141

1. Corporation Name
MEDICAL SPECIALTIES, INC.

Principal Place of Business	Mailing Address
ONE PARK PLAZA P.O. BOX 740026 ATTN: TAX DEPT. NASHVILLE TN 37203 US	P.O.BOX 750 ATTN: TAX DEPT NASHVILLE TN 37202 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/24/1984

4. FEI Number: 61-1056859 — [ ] 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 owes the current year Intangible Personal Property Tax [ ] 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 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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	[ ] DELETE
NAME	BLACKWOOD, DORA A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSVT	[X] DELETE
NAME	DONAHEY, KENNETH	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	[X] DELETE
NAME	ELTON, ROSALYN	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	[ ] DELETE
NAME	JOHNSON, R. MILTON	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVPS	[ ] DELETE
NAME	FRANK, JOHN M III	
STREET ADDRESS	ONE PARK PLACE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AS	[ ] Change [X] Addition
12 NAME	David Denson	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DVP	[ ] Change [X] Addition
22 NAME	A. Bruce Moore	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VP	[ ] Change [X] Addition
32 NAME	Ronald Lee Grubbs	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	DVP	[X] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****150.00 ****150.00

14. I 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, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3.29.99 Date

CR2E034 (11/98)