

**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 # **P93000014869 (0)**

1. Corporation Name

**INDEPENDENT PRACTICE ASSOCIATION OF TAMPA BAY, I NC.**



Principal Place of Business: **13455 NOEL ROAD, 20TH FLOOR DALLAS TX 75240**  
Mailing Address: **ATTN: TAX DEPT P O BOX 570 NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **02/26/1993**  
3a. Date of Last Report: **08/16/1995**  
4. FEI Number: **75-2469792**  
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: **One Park Plaza**  
21. Suite, Apt. #, etc.:  
22. City & State: **Nashville, TN**  
23. Zip: **37203** Country:  
24. Mailing Address: Suite, Apt. #, etc.:  
26. City & State:  
27. Zip: Country:  
28. Zip: Country:  
29. Zip: Country:  
30.

9. Name and Address of Current Registered Agent:  
**CORPAMERICA, INC.  
1525 S ANDREWS AVENUE  
SUITE 216  
FORT LAUDERDALE FL 33316**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, DONALD E	1.2 NAME	
STREET ADDRESS	13455 NOEL RD., 20TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, WILLIAM H	2.2 NAME	
STREET ADDRESS	13455 NOEL RD., 20TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, JONATHAN R	3.2 NAME	
STREET ADDRESS	13455 NOEL RD., 20TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, KATHRYN K	4.2 NAME	
STREET ADDRESS	13455 NOEL RD., 20TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>R. Milton Johnson</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>One Park Plaza</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Nashville, TN 37203</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 M. Franck* **John M. Franck** 4-15-96 (615)327-9551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)