


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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
<b>DOCUMENT # P93000014869 (0)</b> 1. Corporation Name <b>INDEPENDENT PRACTICE ASSOCIATION OF TAMPA BAY, I NC.</b>																																																																																																																											
Principal Place of Business <b>ONE PARK PLAZA NASHVILLE TN 37203 US</b>		Mailing Address <b>ATTN: TAX DEPT P O BOX 570 NASHVILLE TN 37202-0570 US</b>																																																																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 <b>PO Box 750</b> 27 Suite, Apt. #, etc. 28 <b>Nashville TN</b> 29 <b>37202</b> 30 <b>USA</b>																																																																																																																									
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		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 <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><del>STEEN, DONALD E</del></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13455 NOEL RD., 20TH FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DALLAS TX</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WILCOX, WILLIAM H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13455 NOEL RD., 20TH FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DALLAS TX</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BOND, JONATHAN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13455 NOEL RD., 20TH FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DALLAS TX</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DOUGHERTY, KATHRYN K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13455 NOEL RD., 20TH FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DALLAS TX</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, R. MILTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE PARK PLAZA</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NASHVILLE TN</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> DELETE	NAME	<del>STEEN, DONALD E</del>		STREET ADDRESS	13455 NOEL RD., 20TH FLOOR		CITY - ST - ZIP	DALLAS TX		TITLE	V	<input type="checkbox"/> DELETE	NAME	WILCOX, WILLIAM H		STREET ADDRESS	13455 NOEL RD., 20TH FLOOR		CITY - ST - ZIP	DALLAS TX		TITLE	ST	<input checked="" type="checkbox"/> DELETE	NAME	BOND, JONATHAN R		STREET ADDRESS	13455 NOEL RD., 20TH FLOOR		CITY - ST - ZIP	DALLAS TX		TITLE	AT	<input type="checkbox"/> DELETE	NAME	DOUGHERTY, KATHRYN K		STREET ADDRESS	13455 NOEL RD., 20TH FLOOR		CITY - ST - ZIP	DALLAS TX		TITLE	V	<input type="checkbox"/> DELETE	NAME	JOHNSON, R. MILTON		STREET ADDRESS	ONE PARK PLAZA		CITY - ST - ZIP	NASHVILLE TN		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Morgan, George</td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Fritchett, Thomas</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Morgan, George	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	Fritchett, Thomas	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
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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: <u>pcu Jan</u> <u>4/20/97</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																											



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