FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037908 (9)**

1. Corporation Name

SOUTH FLORIDA PHYSICIANS SERVICES, INC.

Principal Place of Business	Mailing Address
3401 W END AVE SUITE 700 NASHVILLE TN 37203	3401 W END AVE SUITE 700 NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1993	3a. Date of Last Report: 06/20/1994
4. FEI Number: 62-1533464	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE

Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE	D	☒ Change ☐ Addition
NAME	BURKLOW, BRYAN	12 NAME		
STREET ADDRESS	17300 N.W. 7TH AVE. SUITE 204	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33169	14 CITY ST ZIP		
TITLE	P	21 TITLE	VIAS	☒ Change ☒ Addition
NAME	BIANCO, NICK	22 NAME	Richard A. Parr II	
STREET ADDRESS	3100 DOUGLAS RD.	23 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	CORAL GABLES FL 33134	24 CITY ST ZIP	Nashville, TN 37203	
TITLE	VCFO	31 TITLE	VIAS	☒ Change ☒ Addition
NAME	SANZ, CAROLA	32 NAME	James H. Spalding	
STREET ADDRESS	3100 DOUGLAS RD.	33 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	CORAL GABLES FL 33134	34 CITY ST ZIP	Nashville, TN 37203	
TITLE	S	41 TITLE	AS	☒ Change ☒ Addition
NAME	BROWN, JONATHON A	42 NAME	Karen H. Abbott	
STREET ADDRESS	3100 DOUGLAS RD.	43 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY ST ZIP	CORAL GABLES FL 33134	44 CITY ST ZIP	Nashville, TN 37203	
TITLE	VAS	51 TITLE	VIS	☒ Change ☐ Addition
NAME	SOLTMAN, RONALD P	52 NAME		
STREET ADDRESS	3401 WEST END AVE., SUITE 700	53 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN 37203	54 CITY ST ZIP		
TITLE	VT	61 TITLE		☐ Change ☐ Addition
NAME	TONNIES, RUSSELL F	62 NAME		
STREET ADDRESS	3401 WEST END AVE., SUITE 700	63 STREET ADDRESS		
CITY ST ZIP	NASHVILLE TN 37203	64 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)(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: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0384423 CP