

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 # P93000037908 (9)

1. Corporation Name

SOUTH FLORIDA PHYSICIANS SERVICES, INC.



Principal Place of Business

3401 W END AVE
SUITE 700
NASHVILLE TN 37203

Mailing Address

3401 W END AVE
SUITE 700
NASHVILLE TN 37203

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 1200

Suite, Apt. #, etc.

27 City & State

28 Nashville, TN

Zip

29 37202-1200

Country

30

3. Date Incorporated or Qualified

05/26/1993

3a. Date of Last Report

05/01/1995

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 local applicable)

(NOTE: Registered Agent Signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKLOW, BRYAN	
STREET ADDRESS	17300 N.W. 7TH AVE. SUITE 204	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PARR, RICHARD A II	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SPALDING, JAMES H	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ABBOTT, KAREN H	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SOLTMAN, RONALD P	
STREET ADDRESS	3401 WEST END AVE., SUITE 700	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TONNIES, RUSSELL F	
STREET ADDRESS	3401 WEST END AVE., SUITE 700	
CITY-STATE-ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William L. Haugh
1.3 STREET ADDRESS	3401 West End Ave. Ste. 700
1.4 CITY-STATE-ZIP	Nashville, TN 37203
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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***200.00

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: Karen H. Abbott Karen H. Abbott 03/1/96 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)