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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
9401 W END AVE
SUITE 700
NASHVILLE TN 37203

Mailing Address
PO BOX 1200
NASHVILLE TN 37202

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business
21 3820 State Street
22 Suite, Apt. #, etc.
23 City & State: Santa Barbara, CA
24 Zip: 93105
25 Country: USA

2a. Mailing Address
26 c/o Mary H. Yumibe
27 Suite, Apt. #, etc.: 3820 State Street
28 City & State: Santa Barbara, CA
29 Zip: 93105
30 Country: USA

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
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 200002123872--8
-03/25/97--01084--031
84 City
85 Zip Code
****165.00 FL ****165.00

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
Signature, typed or printed name of Registered Agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	HOUGH, WILLIAM L		12 NAME	Michael H. Focht, Sr.	
STREET ADDRESS	3401 WEST END AVE, STE 700		13 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN 37202		14 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	VAS	☒ DELETE	21 TITLE	DVS	☐ Change ☒ Addition
NAME	PARR, RICHARD A II		22 NAME	Scott M. Brown	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		23 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN		24 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	VAS	☒ DELETE	31 TITLE	VCFO	☐ Change ☒ Addition
NAME	SPALDING, JAMES H		32 NAME	Trevor Fetter	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		33 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN		34 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	AS	☒ DELETE	41 TITLE	VT	☐ Change ☒ Addition
NAME	ABBOTT, KAREN H		42 NAME	Terence P. McMullen	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700		43 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN		44 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	VS	☒ DELETE	51 TITLE	AS	☐ Change ☒ Addition
NAME	SOLTMAN, RONALD P		52 NAME	Alan Lundgren	
STREET ADDRESS	3401 WEST END AVE., SUITE 700		53 STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	NASHVILLE TN		54 CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	VT	☒ DELETE	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		

CR2E034 (9/96)

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: Scott M. Brown Scott M. Brown Secretary 3/13/97 805/563-7075

LSB 8/25/97