

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 # **P94000038724 (8)**

1. Corporation Name

GATEWAY MEDICAL SERVICES ORGANIZATION, INC.



Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address

**P.O. BOX 570
NASHVILLE TN 37202-0570**

3. Date Incorporated or Qualified
05/20/1994

3a. Date of Last Report
10/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
65-1571447

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | CONNERY, W. HUDSON | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | FRANCIS, RICHARD E JR. | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | VAS | <input checked="" type="checkbox"/> DELETE |
| NAME | KOBAN, MICHAEL A | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | DONAHEY, KENNETH C | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | FLEETWOOD, JAMES M JR | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, R. MILTON | |
| STREET ADDRESS | ONE PARK PLAZA | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DANIEL MOEN |
| 1.3 STREET ADDRESS | ONE PARK PLAZA |
| 1.4 CITY-ST-ZIP | NASHVILLE, TN 37203 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | STEPHEN T. BRAUN |
| 2.3 STREET ADDRESS | ONE PARK PLAZA |
| 2.4 CITY-ST-ZIP | NASHVILLE, TN 37203 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DAVID C. COLBY |
| 3.3 STREET ADDRESS | ONE PARK PLAZA |
| 3.4 CITY-ST-ZIP | NASHVILLE, TN 37203 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | RICHARD A. SCHWIMMERT |
| 4.3 STREET ADDRESS | ONE PARK PLAZA |
| 4.4 CITY-ST-ZIP | NASHVILLE, TN 37203 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | JOHN H. FRANK |
| 5.3 STREET ADDRESS | ONE PARK PLAZA |
| 5.4 CITY-ST-ZIP | NASHVILLE, TN 37203 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)