

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

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 37203-0570
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3. Date Incorporated or Qualified 05/20/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 62-1571447 65-1571447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 typed or 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, DANIEL	1.2 NAME	Vandewater, David
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	1.4 CITY - ST - ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEPHEN	2.2 NAME	Braun, Stephen
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	2.4 CITY - ST - ZIP	
TITLE	SVDT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLBY, DAVID	3.2 NAME	Doraney, Kenneth
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	3.4 CITY - ST - ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINHART, RICHARD A	4.2 NAME	Elton, Rosalyn
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCK, JOHN M	5.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. MILTON	6.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN 37203	6.4 CITY - ST - ZIP	

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: _____ DATE: **4/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)