
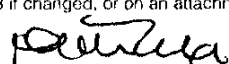


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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	
DOCUMENT # P94000056825 (0)			
1. Corporation Name SOUTH BAY PHYSICIAN CLINICS, INC.			
Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203		Mailing Address P.O. BOX 520 NASHVILLE TN 37202-0520	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 PO Box 750	
22 City & State		27 Nashville TN	
23 Zip		28 37202	
24 Country		29 USA	
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 SUITE 105 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 the applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MOEN, DANIEL STREET ADDRESS 7975 NW 154TH ST #400A CITY-ST-ZIP MIAMI LAKES FL		1.1 TITLE 1.2 NAME Fleetwood, Jim 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V NAME JOHNSON, R. MILTON STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VASD NAME BRAUN, STEPHEN T. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VTD NAME COLBY, DAVID C. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN		4.1 TITLE 4.2 NAME Donahay, Kenneth 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE VD NAME SCHWEINHART, RICHARD A. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN		5.1 TITLE 5.2 NAME Elton, Rosalyn 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE S NAME FRANCK, JOHN M. STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP NASHVILLE TN		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

4/10/97