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Apr 20, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000062000**
 1. Corporation Name
FIRST PHYSICIAN CARE OF SOUTH FLORIDA, INC.

Principal Place of Business: 500 NROTH WESTSHORE SUITE 900 TAMPA FL 33609
 Mailing Address: 500 NROTH WESTSHORE SUITE 900 TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 500 NORTH Westshore
 2a. Mailing Address: 30 Burton Hills Blvd Suite 400 Nashville, TN 37215
 4. FEI Number: 65-0517256
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: ~~GT CORPORATION SYSTEM Corporation Service Company~~ AS of March 23, 1999: Hays Street Tallahassee, FL 32301
 10. Name and Address of New Registered Agent: See box 9 for correction to form. Change in Registered Agent was made after printing of form, but prior to mailing of form. FL

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, STEPHEN A	1.2 NAME	Hutts, Joseph C.
STREET ADDRESS	3200 WINDY HILL RD., SUITE 400W	1.3 STREET ADDRESS	30 Burton Hills Blvd., Suite 400
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VC/V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALLWOOD, DONALD B	2.2 NAME	Reeves, Derril W.
STREET ADDRESS	3200 WINDY HILL RD., SUITE 400W	2.3 STREET ADDRESS	30 Burton Hills Blvd., Suite 400
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/P/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDESTY, KARL A	3.2 NAME	Dent, Thompson S.
STREET ADDRESS	3200 WINDY HILL RD., SUITE 400W	3.3 STREET ADDRESS	30 Burton Hills Blvd., Ste 400
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADLER, JOSHUA	4.2 NAME	Crawford, John K.
STREET ADDRESS	3200 WINDY HILL RD., SUITE 400W	4.3 STREET ADDRESS	30 Burton Hills Blvd., Suite 400
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Frankenfield, Monte S.
STREET ADDRESS		5.3 STREET ADDRESS	30 Burton Hills Blvd., Suite 400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Additional officers listed
STREET ADDRESS		6.3 STREET ADDRESS	on attached sheet.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered

SIGNATURE: *Monte S. Frankenfield* **Monte S. Frankenfield** 4/7/99 (615) 665-9066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4-1-99)