

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90164 005 \*\*\*150.00

**DOCUMENT # P94000062000**

1. Entity Name  
**FIRST PHYSICIAN CARE OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>500 NORTH WESTSHORE          SUITE 900          TAMPA FL 33609</b>	Mailing Address <b>30 BURTON HILL BLVD.          SUITE 400          NASHVILLE TN 37215-6140          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>30 Burton Hills Blvd.</b>	3. Mailing Address Suite, Apt. #, etc. <b>Suite 400</b>
City & State <b>Nashville TN</b>	City & State <b>Nashville</b>
Zip <b>37215</b>	Country <b>US</b>

4. FEI Number <b>65-0517256</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYES STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  
 **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>HUTTS, JOSEPH C</b> <b>30 BURTON HILLS BLVD, STE. 400</b> <b>NASHVILLE TN 37215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVVS</b> <b>REEVES, DERRIL W</b> <b>30 BURTON HILLS BLVD., STE. 400</b> <b>NASHVILLE TN 37215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DPS</b> <b>DENT, THOMPSON S</b> <b>30 BURTON HILLS BLVD., STE. 400</b> <b>NASHVILLE TN 37215</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>CRAWFORD, JOHN K</b> <b>30 BURTON HILLS BLVD., STE. 400</b> <b>NASHVILLE TN 37215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>FRANKENFIELD, MONTE S</b> <b>30 BURTON HILLS BLVD., STE. 400</b> <b>NASHVILLE TN 37215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C/CEO/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VC/N/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D/RI/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monte S. Frankenfield **REQUIRED** **Vice President** **4/14/00** **615-665-9066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

1121

FIRST PHYSICIAN CARE OF SOUTH FLORIDA, INC.

P 9400006200E  
D0013346

Directors:

Thompson S. Dent  
Joseph C. Hutts  
Derril W. Reeves

Officers:

Joseph C. Hutts	Chairman of the Board, Chief Executive Officer and Assistant Secretary
Derril W. Reeves	Vice Chairman, Executive Vice President and Assistant Secretary
Thompson S. Dent	President, Chief Operating Officer and Assistant Secretary
Monte S. Frankenfield	Vice President and Assistant Secretary
N. Carolyn Forehand	Vice President, General Counsel and Secretary
Kimberley Myers	Vice President and Assistant Secretary
Oliver V. Rogers	Senior Vice President, Operations and Assistant Secretary
Steven Priest	Vice President and Assistant Secretary
Brandon Dyson	Vice President and Assistant Secretary
Jon M. Sundock	Vice President and Assistant Secretary
R. Douglas Mefford	Vice President and Assistant Secretary
Paul F. Soper	Assistant Secretary

**The business address of the above directors and officers is:**

**30 Burton Hills Boulevard, Suite 400  
Nashville, Tennessee 37215**