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May 08 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 # P94000087963 (2)

1. Corporation Name

LAKE CITY MEDICAL SERVICES ORGANIZATION, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

P.O. BOX 530
NASHVILLE TN 37202-0570

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
04/26/1996

4. FEI Number
62-1587332

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

2. Principal Place of Business

2a. Mailing Address

PO Box 750

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Nashville TN

Zip

Country

Zip

Country

37202 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 tick if 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 ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

1.1 TITLE
1.2 NAME Vandewater, David
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VP
NAME JOHNSON, R. M
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 T
NAME COLBY, DAVID C
STREET ADDRESS ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

3.1 TITLE
3.2 NAME Donahay, Kenneth
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE S
NAME FRANCK, JOHN M
STREET ADDRESS ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DVP
NAME BRAUN, STEPHEN T
STREET ADDRESS ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME SCHWEINHART, RICHARD A
STREET ADDRESS ONE PARK PLAZA
CITY - ST - ZIP NASHVILLE TN

6.1 TITLE
6.2 NAME Elton, Rosalyn
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

Date

Daytime Phone #

0476824

CR2E034 (9/96)