

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090817 (5)

1. Corporation Name

NORTH FLORIDA INFUSION CORPORATION



Principal Place of Business

Mailing Address

ONE PARK PLAZA
NASHVILLE TN 37203
US

P OBOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202
US

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

The Prentice-Hall Corp. Systems

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hey's Street

83

84

Tallahassee

FL

85 Zip Code

32301

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

By: Kelly A. Howley
Signature, typed or printed name of registered agent and date if applicable

Kelly A. Howley

Asst. Sec.

4-10-96

12. OFFICERS AND DIRECTORS

TITLE	DSVS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	DSVT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL T	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	One Park Plaza	
1.4 CITY- ST- ZIP	Nashville, TN 37203	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John M. Franck	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY- ST- ZIP	Nashville TN 37203	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	R. Milton Johnson	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY- ST- ZIP	Nashville, TN 37203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or director

John M. Franck

4-9-96

Date

(615) 327-9551

Telephone #

CR2E034 (12/95)