

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 # P94000094339 (6)

1. Corporation Name

ED WHITE PHYSICIAN CLINIC, INC.



Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

P.O. BOX 570
NASHVILLE TN 37202-0570

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

10/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-1591375 62-1591375

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

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
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CONNERY, W. HUDSON JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☐ DELETE

NAME FRANCIS, RICHARD E JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VPAT ☐ DELETE

NAME KOBAN, MICHAEL A JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☐ DELETE

NAME DONAHEY, KENNETH C
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☐ DELETE

NAME FLEETWOOD, JAMES M JR
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VP ☐ DELETE

NAME WILLIAMS, HERBERT T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

Daniel Muen

7775 NW 154th Street

Miami Lakes, FL 33016

VP

Stephen T. Braun

One Park Plaza

Nashville, TN 37203

VP

David C. Gilby

One Park Plaza

Nashville, TN 37203

VP

Bill Hussey

Bay Point Plaza, Suite 150 6200 Courtney Campbell

Tampa, FL 33607

VP

Joseph D. Moore

One Park Plaza

Nashville, TN 37203

VP

R. Milton Johnson

One Park Plaza

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

615-327-9551