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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 # 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
04/26/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	DANIEL MOEN	7975 NW 154TH ST	MIAMI LAKES FL	<input type="checkbox"/>
VP	STEPHEN T. BROWN	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
VP	DAVID G. COLBY	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
VP	BILL HUSSEY	BAY PT. PLAZA STE 150	8200 COURTNEY CAMPBELL TAMPA FL	<input type="checkbox"/>
VP	JOSEPH D. MOORE	ONE PARK PLAZA	NASHVILLE TN	<input type="checkbox"/>
VP	R. MILTON JOHNSON	ONE PARK PLAZA	NASHVILLE TN	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	Fleetwood, Jim			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	Brown, Stephen T.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	Donahay, Kenneth			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	Frank II, John M.	One Park Plaza	Nashville TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 #

0476827

CR2E034 (9/96)