

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000069351 (1)

1. Corporation Name  
**PALMS WEST DIAGNOSTIC, INC.**



Principal Place of Business <b>ONE PARK PLAZA NASHVILLE TN 37203</b>	Mailing Address <b>ONE PARK PLAZA NASHVILLE TN 37203</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 P.O. Box 750		09/08/1995		05/01/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Zip		28 Nashville, TN		62-1614477		Not Applicable	
24 Country		29 37202		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 USA		30		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/SVP/AS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUN, STEPHEN T			1.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D/SVP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLBY, DAVID C			2.2 NAME	Kenneth C. Donahay		
STREET ADDRESS	ONE PARK PLAZA			2.3 STREET ADDRESS	One Park Plaza		
CITY-ST-ZIP	NASHVILLE TN 37203			2.4 CITY-ST-ZIP	Nashville, TN 37203		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHWEINHART, RICHARD A			3.2 NAME	Rosalyn S. E Hon		
STREET ADDRESS	ONE PARK PLAZA			3.3 STREET ADDRESS	One Park Plaza		
CITY-ST-ZIP	NASHVILLE TN 37203			3.4 CITY-ST-ZIP	Nashville, TN 37203		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOEN, DANIEL			4.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			4.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, R. MILTON			5.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCK, JOHN M			6.2 NAME			
STREET ADDRESS	ONE PARK PLAZA			6.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203			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 REQUIRED

4-1-97

Date Daytime Phone #

0527441

CR2E034 (9/96)