

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

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000072266 (6)**  
 1. Corporation Name  
**SOUTHWEST FLORIDA MANAGEMENT ASSOCIATES, INC.**



Principal Place of Business <b>ONE PARK PLAZA NASHVILLE TN 37203</b>	Mailing Address <b>P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202-0570 US</b>
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3. Date Incorporated or Qualified <b>09/19/1995</b>	3a. Date of Last Report <b>04/26/1996</b>
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21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address 26. PO Box 750	27. Suite, Apt. #, etc.	28. City & State Nashville TN	29. Zip 37202	30. Country USA
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4. FEI Number <b>62-1615708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 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	85. Zip Code
				<b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVAS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUN, STEPHEN T</b>	1.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DTV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLBY, DAVID D</b>	2.2 NAME	<b>Donahay, Kenneth</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWEINHART, RICHARD A</b>	3.2 NAME	<b>Eaton, Rosalyn</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOEN, DANIEL</b>	4.2 NAME	<b>Fleetwood, Jim</b>
STREET ADDRESS	<b>7975 NW 154TH ST. #400A</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, R. M</b>	5.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCK, JOHN M</b>	6.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	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)(f), 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: John Franck DATE: 4/20/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)