

**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 # P95000081068 (5)**

1. Corporation Name  
**DOCTORS OB CLINIC, INC.**



Principal Place of Business Mailing Address  
**ONE PARK PLAZA NASHVILLE TN 37203**

3. Date Incorporated or Qualified **10/23/1995** 3a. Date of Last Report  
4. FEI Number **62-1618818** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

**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  
SUITE 105  
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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRAUN, STEPHEN T</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLBY, DAVID C</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHWEINHART, RICHARD A</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>200001835762</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>05/23/96-01003-006</b>
3.3 STREET ADDRESS	<b>***200.00</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>President</b>
4.3 STREET ADDRESS	<b>Daniel Moen</b>
4.4 CITY-ST-ZIP	<b>7975 NW 154th St., # 400A</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Vice President</b>
5.3 STREET ADDRESS	<b>R. Milton Johnson</b>
5.4 CITY-ST-ZIP	<b>One Park Plaza</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Secretary</b>
6.3 STREET ADDRESS	<b>John M. Franck</b>
6.4 CITY-ST-ZIP	<b>One Park Plaza</b>

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: *R. Milton Johnson* **Vice President** **4/9/96** **(615)327-9551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)