

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081072 (7)

1. Corporation Name

DOCTORS PHYSICIAN CLINIC, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

PO BOX 570
ATTN: TAX DEPT.
NASHVILLE TN 37203-0570

FILED
May 09 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

PO BOX 750

Nashville TN

37202

USA

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

62-1618817

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
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

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|-------------------------|-------------------------|----------------------|--------------------------|
| VSD | BRAUN, STEPHEN T | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |
| VTD | GOLBY, DAVID D | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |
| VD | SCHWEINHART, RICHARD A. | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |
| P | MOEN, DANIEL | 7975 NW 154TH ST. #400A | MIAMI LAKES FL 33018 | <input type="checkbox"/> |
| V | JOHNSON, MILTON R | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |
| S | FRANCK, JOHN M | ONE PARK PLAZA | NASHVILLE TN 37203 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|---------------------|------------------|--------------------|---------------------|-------------------------------------|--------------------------|
| 2.1 TITLE | Donahay, Kenneth | 2.2 NAME | 2.3 STREET ADDRESS | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.4 CITY - ST - ZIP | | 3.1 TITLE | 3.2 NAME | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | Fleetwood, Jim | 4.2 NAME | 4.3 STREET ADDRESS | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.4 CITY - ST - ZIP | | 5.1 TITLE | 5.2 NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | | 6.2 NAME | 6.3 STREET ADDRESS | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 CITY - ST - ZIP | | | | <input type="checkbox"/> | <input 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 #

0476823

CR2E034 (9/96)