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FILED
Apr 15 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 # P96000014996 (8)

1. Corporation Name
WINTER PARK PHYSICIAN SERVICES, INC.



Principal Place of Business
ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address
ONE PARK PLAZA
NASHVILLE TN 37203

3. Date Incorporated or Qualified
02/16/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

4. FEI Number
62-1632553

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
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	1.1 TITLE	
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/SVP/AT	2.1 TITLE	D/SVP/AT
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	3.1 TITLE	D/V P
NAME	SCHWEINHART, RICHARD A	3.2 NAME	Rosalyn S. Elton
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		4.1 TITLE	S
NAME		4.2 NAME	John M. Franek II
STREET ADDRESS		4.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
Date: 4-1-97 Daytime Phone # 0627426

CR2E034 (9/96)