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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000043496 (4) DOCTOR'S PHYSICIANS CARE, INC.

FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203		Mailing Address ONE PARK PLAZA NASHVILLE TN 97203			
				 Date Incorporated or Qualified 05/21/1996 	3a. Date of Last Report
2. Principal Place of Business 21		28. Mailing Address	750	4. FEI Number 1033	Applied For Not Applicable
Suite, Ap	ol #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ate	City & State 28 NAShvi)) E,	TN	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p 24	Country 25	29 37202	Country 30 USA		Ores 🗆 No
	9. Name and Address of Curr			10. Name and Address of New Reg	Istered Agent
	PRENTICE-HALL CORPORATION	ON SYSTEM, INC.	61 Name		
	1 HAYS STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
TAL	LAHASSEE FL 32301		83		
			03		
			84 City		FL 85 Zip Code
agent. I	I am familiar with, and accept the ob	ligations of, Section 607.0505, Flo	orida Statutes.	thion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signature itypololor printed namic of registered i	agent and title if applicable (NOTE	: Registered Agent signature requ	ired when reinslating)	DATE
SIGNATURE	Signature hypotholiphinted nation of registered in OFFICERS 7	agent and little if applicable (NOTE AND DIRECTORS	Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	
	OFFICERS /				ERS AND DIRECTORS IN 12
12.	OFFICERS / D/SYP/RS BRAUN, STEPHEN T	AND DIRECTORS	13.		ERS AND DIRECTORS IN 12
12. DILE NAME STREET ADDRESS	OFFICERS A D/SVP/AS BRAUN, STEPHEN T ONE PARK PLAZA	AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12
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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 oriector 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:

Daytir e Phone #

0527430