

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

FILED

Mar 13 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 # P96 0000 77045

1. Corporation Name
Holmes County Clinic Corp.

Principal Place of Business 401 East Byrd Ave Bonifay FL 32425	Mailing Address 155 Franklin Rd #400 Brentwood TN 37027
--	---

2. Principal Place of Business 21 Same Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 9-17-1996	3a. Date of Last Report Applied For Not Applicable
4. FEI Number 59-3401453	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **200002113222**
-03/14/97--01004--014
 84 City *****165.00** **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	President
1.3 STREET ADDRESS	E Thomas Chaney #400
1.4 CITY-ST-ZIP	155 Franklin Rd #400 Brentwood TN 37027
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dir
2.3 STREET ADDRESS	Ernest Bacon
2.4 CITY-ST-ZIP	155 Franklin Rd #400 Brentwood TN 37027
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice Pres/Dir
3.3 STREET ADDRESS	T. Mark Buford
3.4 CITY-ST-ZIP	155 Franklin Rd #400 Brentwood TN 37027
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice Pres/Sec./Dir
4.3 STREET ADDRESS	Linda K Parsons
4.4 CITY-ST-ZIP	155 Franklin Rd #400 Brentwood TN 37027
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vice Pres/Treas
5.3 STREET ADDRESS	Barry E. Stewart
5.4 CITY-ST-ZIP	155 Franklin Rd #400 Brentwood TN 37027
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Asst. Sec.
6.3 STREET ADDRESS	Sara Martin-Michels
6.4 CITY-ST-ZIP	155 Franklin Rd #400 Brentwood TN 37027

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. 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: Sara Martin-Michels 3/3/97 615-373-9600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sara Martin-Michels, Asst. Sec.

CR2E034 (9/96)