

**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 # **S57323 (5)**

1. Corporation Name  
**MHS PARTNERSHIP HOLDINGS JSC, INC.**



Principal Place of Business: **3627 UNIVERSITY BOULEVARD SOUTH SUITE 810 JACKSONVILLE FL 32216 US**  
Mailing Address: **P.O. BOX 570 NASHVILLE TN 37203 US**

3. Date Incorporated or Qualified: **06/03/1991**  
3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business: **21 One Park Plaza**  
Suite, Apt. #, etc.:  
**22 Nashville, TN**  
City & State:  
**23 37203** **25 US**  
Zip Country:  
**24 37203** **25 US**  
Zip Country:

4. FEI Number: **50-3075397**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	MOEN, DAN	7975 N W 154TH ST	MIAMI LAKES FL 33016	<input type="checkbox"/>
DP	EVANS, CHARLES R	3627 UNIVERSITY BLVD	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
DST	KARSNER, GARRY L	3627 UNIVERSITY BLVD S	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
P	Stephen T. Braun	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VITID	David C. Colby	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VID	Richard A. Schweinhart	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	R. Milton Johnson	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	John M. Franck	One Park Plaza	Nashville, TN 37203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *John Franck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-4-96** (b15) 327-9551  
Daytime Phone #

CR2E034 (12/95)